

# SOUTHWEST CENTER FOR INDEPENDENT LIVING EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or disability.

## **Section 1: ALL Fields Must Be Completed. If not applicable, mark N/A.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever been known by any other names or aliases (**Including maiden name and prior marriage[s]**)?  Yes  No

If yes, please list: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you ever had another Social Security Number?  Yes  No

If yes, please list: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

Are you legally eligible for employment in the U.S.?  Yes  No

When can you start? \_\_\_\_\_  Full time  Part time  Temporary  Other: \_\_\_\_\_

Hourly pay expected: \_\_\_\_\_

## **Section 2: ALL Fields Must Be Completed. If not applicable, mark N/A.**

EMPLOYMENT EXPERIENCE: Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin

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Employer 1: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary or Hourly Rate: \_\_\_\_\_

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Employer 2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary or Hourly Rate: \_\_\_\_\_

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EMPLOYMENT APPLICATION PAGE TWO

Employer 3: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary or Hourly Rate: \_\_\_\_\_

SCIL staff will contact at least two (2) credible references who will be either former employers or other knowledgeable person (excluding relatives). Please give current contact information above or attach another page with names and contact information for references.

**Section 3: Residence**

Starting with your present residence, please list city and states where you have lived for the past six (6) years.

City	State	Date From	Date To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section 4: ALL Fields Must Be Completed. If not applicable, mark N/A.**

**EDUCATION**

High School/Schools/Colleges Attended:	# Years	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any special qualifications you may have for this job:

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EMPLOYMENT APPLICATION PAGE THREE

Describe any volunteer work you have done: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  No  Yes If yes, please explain:

Have you ever been convicted of, pled guilty or nolo contendere (no contest) to, or have been found guilty of a class A or B felony violation of chapter 565, 566, or 459, RSMo, or any violation of subsection 3 or section 198.070 RSMo, or section 568.020 RSMo (a complete listing is on Page 4 of this application)?  No  Yes If yes, please explain: \_\_\_\_\_

Have you ever been convicted of, pled guilty or nolo contendere (no contest) to, or have been found guilty of a crime in another state, which if committed in Missouri, would be one of the above mentioned offenses?  No  Yes If yes, please explain: \_\_\_\_\_

Have you ever been investigated by the Department of Social Services Children's Division, Family Services, Department of Health and Senior Services, or any other agency for any type of abuse, neglect or wrongdoing?  No  Yes If yes, please explain: \_\_\_\_\_

NOTE: Failure to disclose criminal history is a class A misdemeanor. Please describe the nature, place of conviction, and disposition, or nature of all of the above mentioned investigations or crimes.

Does your name currently appear on the Employee Disqualification List?  No  Yes

Has your name appeared on the Employee Disqualification List in the past?  No  Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you able to meet all the requirements listed in the job description for which you are applying?  
 No  Yes

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

By signing below, I agree to the aforementioned statements and consent to a criminal record check and to a closed records check pursuant to Section 610.210, RSMo.

By signing below, I agree to be registered with the Family Care Safety Registry

Signature \_\_\_\_\_ Date \_\_\_\_\_

Southwest Center for Independent Living (SCIL) will not knowingly employ any persons with criminal backgrounds, as required by the in-home services contract and statutory requirements (RSMo 660.317). Convictions of the following felonies shall make the individual ineligible for employment with SCIL:

<u>CRIMINAL VIOLATION</u>	<u>CRIME CLASS</u>	<u>RSMo SECTION</u>
Arson in the first degree	A or B Felony	569.040
Arson in the second degree	B Felony	569.050
Assault in the first degree	A or B Felony	565.050
Assault on law enforcement officer in the first degree	A Felony	565.081
Assault on law enforcement officer in the second degree	B Felony	565.082
Burglary in the first degree	B Felony	569.160
Causing Catastrophe	A Felony	569.070
Child Molestation in the first degree	A or B Felony	566.067
Domestic assault in the first degree	A or B Felony	565.072
Elder abuse in the first degree	A Felony	565.180
Elder abuse in the second degree	B Felony	565.182
Enticement of a child (with prior conviction of this section, sections 568.045, 568.050 or 568.080, or Chapter 566, RSMo)	B Felony	566.151
Failure to report acts of abuse or neglect	A Misdemeanor	198.070.3
Forcible rape	A or B Felony	566.030
Forcible sodomy	A or B Felony	566.060
Incest	D Felony	568.020
Infanticide	A Felony	565.300
Kidnapping	A or B Felony	565.110
Murder in the first degree	A Felony	565.020
Murder in the second degree	A Felony	565.021
Pharmacy robbery in the first degree	A Felony	569.025
Pharmacy robbery in the second degree	B Felony	569.035
Robbery in the first degree	A Felony	569.020
Robbery in the second degree	B Felony	569.030
Sexual abuse/assault (with injury, deadly weapon displayed, victim under age 14 or incapacitated, or forces contact with more than one person)	B Felony	566.100
Statutory rape in the first degree	B Felony	566.032
Statutory sodomy in the first degree	B Felony	566.062
Voluntary manslaughter	B Felony	565.023

**NOTE: A conviction of attempt or conspiracy to commit a Class A felony is a disqualifying criminal conviction covered under the provision of section 660.317, RSMo. If the defendant attempts or conspires to commit a Class A felony, then the attempt or conspiracy is a Class B felony.**

In addition to the above list, SCIL will not knowingly employ any persons who have been convicted of unlawful use of a weapon, illegal use of credit cards, or possession of illegal drugs.