

Application for Employment

South Central Workforce Investment Board
1105 Independence Drive
West Plains, MO 65775
Ph: (417) 257-2630

South Central Workforce Investment Board, (SCWIB) is an equal opportunity employer. SCWIB complies with all applicable Federal, State, and Local laws concerning discrimination in employment. No question in this application, nor any information obtained in response to any question, is intended to elicit information or be used in violation of any such law. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify SCWIB Compliance Manager. SCWIB is a non-smoking office.

Position(s) applied for: _____ Date of application: _____

Referral Source: Advertisement Private Employment Agency Employee Relative
 Government Employment Agency Walk-in Other _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____ Social Security #: _____

Telephone #: () _____ Mobile/Other #: () _____ E-mail: _____

If necessary, best time to call you at home is: _____ : _____ am/pm

May we contact you at work? Yes No

If yes, work number and best time to call: () _____ : _____ am/pm

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain: _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s): _____

Have you ever been employed here before? Yes No

If yes, give dates: From: _____ To: _____

Are you legally eligible for employment in this country? Yes No

Date available for work: _____ Desired salary range: \$ _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Other

Type of Drivers License: CDL Class CDL w/bus permit If other, specify type _____

Driver's license number if driving is an essential job function: _____ State: _____

If required, do you have independent means of transportation? Yes No

Will you work overtime if required? Yes No

If no, please explain: _____

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details: _____

Answering yes to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account. Applicant must be able to pass specific background checks for applied positions.

Educational Background (If Job Related)

A. List the last three schools attended, starting with the most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or class rank. E. Major field of study. F. Minor field of study.

A. School	B. Yrs. Complete	C. Degree/Diploma	D. GPA/Rank	E. Major	F. Minor

References

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	# of Years Known
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc:

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve, National Guard or any other similarly protected status.

List any additional information you would like us to consider:

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain gaps in employment in comments section below.

Employer Name	Telephone Number ()	Dates Employed	Hourly Rate/Salary
Address		From:	Starting \$: Per:
		To:	Final \$: Per:
Starting Job Title / Final Job Title		Summarize the type of work performed and job responsibilities:	
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer Name			
Telephone Number ()		Dates Employed	Hourly Rate/Salary
Address		From:	Starting \$: Per:
		To:	Final \$: Per:
Starting Job Title / Final Job Title		Summarize the type of work performed and job responsibilities:	
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer Name			
Telephone Number ()		Dates Employed	Hourly Rate/Salary
Address		From:	Starting \$: Per:
		To:	Final \$: Per:
Starting Job Title / Final Job Title		Summarize the type of work performed and job responsibilities:	
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer Name			

Comments: (Explain any gaps in employment) _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

Signature _____ Date _____

Affirmative Action Voluntary Information
COMPLETION OF THE INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any lawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations, which may apply, we invite you to complete this application data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT:

Position(s) applied for: _____ Date of application: _____

Referral Source: Advertisement Private Employment Agency Employee Relative
 Government Employment Agency Walk-in Other _____

Name of person who referred you (if applicable): _____

Applicant Information

Name: _____ Telephone #: (____) _____
Last First Middle

Address: _____
Street City State Zip

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

For Administrative Use Only

Position(s) applied for: Available Not Available

Other positions considered for: _____

Hired: Yes No

Position hired for: _____

From the EEO job classifications listed below, which one best describes the position filled?

Officials and Managers Sales Workers Operatives (semi-skilled)
 Professionals Office and Clerical Workers Laborers
 Technicians Craft Workers (skilled) Service Workers

Notes: _____

Completed by: _____