



FOOTSTEPS TRANSITIONAL LIVING

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Footsteps Transitional Living does not discriminate on the basis of sex, race, color, religion, national origin, age, veteran status or handicap. This is a uniform application for employment and is used to fill all positions at the Ranch. The information requested will only be used to the extent it is relevant to the position.

Date: _____ Applicant certifies being 21 or older _____ (initials)

Last Name: _____ First Name & Middle Initial: _____ Phone Number: _____

Present Address: _____ City & State: _____ Zip: _____

Permanent Address: _____ City & State: _____ Zip: _____

Position Sought: _____

Full time: _____ Part Time: _____ Temporary: _____ Work Weekends? Yes ___ No ___

Social Security Number: _____ Current Salary: _____ Salary Desired: _____

Emergency Contact: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Family Physician: _____ Phone #: _____

PERSONS AT FOOTSTEPS WITH WHOM YOU ARE ACQUAINTED: _____

Have you ever been convicted of a felony? Yes: ___ No: ___ If Yes, Please explain: _____

Have you previously applied here? Yes: ___ No: ___ If Yes, When?: _____

Have you previously been employed here? Yes: ___ No: ___ If Yes, When?: _____

Are you currently or ever been employed by the State of Missouri? Yes: ___ No: ___ If Yes, When?: _____

Do you have a reliable means of transportation to and from work: Yes: ___ No: ___

Signature of Application: _____

Pursuant to the Immigration Reform Act of 1986, all applicants, upon being made an offer of employment, must produce documents, which will be specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after commencement of employment. You will also be required to sign Form I-9 issued by the federal government verifying under oath, your employment authorization.

EDUCATION:

HS DIPLOMA GED	Yes ___ No ___ Yes ___ No ___	Year Received Year Received	_____ _____
OTHER TRAINING (Trade, Technical, Correspondence, Military) NAME & ADDRESSES OF SCHOOLS	COURSE	HOURS, CREDITS OR CERTIFICATE	
COLLEGE/GRADUATE SCHOOL (Grade Transcripts are Desirable) Name of School/College(s)	MAJOR SUBJECTS	CREDIT HOURS COMPLETED	DEGREE EARNED

PROFESSIONAL OR TECHNICAL LICENSES HELD:

LICENSE NUMBER: _____ State: _____ Exp. Date: _____

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PROFESSIONAL REFERENCES (exclude relatives and completely fill out below in order to be considered):

NAME	ADDRESS	PHONE NO.	OCCUPATION	YEARS KNOWN

PERSONAL REFERENCES (exclude relatives and completely fill out below in order to be considered):

NAME	ADDRESS	PHONE NO.	OCCUPATION	YEARS KNOWN

Have you lived in the State of Missouri for the past five (5) years? Yes ___ No ___ Where _____

PLEASE PROVIDE EMPLOYMENT INFORMATION FOR THE PAST FIVE YEARS

Present or Most recent position MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes ___ No ___

Company: _____	Describe your Position Duties _____	From Month _____ Year _____
Address: _____	_____	To Month _____ Year _____
Phone: _____	_____	Job Title _____
Reason for Leaving: _____	_____	Dept. _____
_____	_____	Supervisor _____

Company: _____	Describe your Position Duties _____	From Month _____ Year _____
Address: _____	_____	To Month _____ Year _____
Phone: _____	_____	Job Title _____
Reason for Leaving: _____	_____	Dept. _____
_____	_____	Supervisor _____

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Company: _____	Describe your Position Duties _____	From Month _____ Year _____
Address: _____	_____	To Month _____ Year _____
Phone: _____	_____	Job Title _____
Reason for Leaving: _____	_____	Dept. _____
_____	_____	Supervisor _____

Please carefully read and sign below:
I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I REALIZE THAT MISREPRESENTATION OF FACTS MAY BE CAUSE FOR REJECTION OF THE APPLICATION OR DISMISSAL AFTER EMPLOYMENT. FINAL EMPLOYMENT IS CONTINGENT UPON SATISFACTORY COMPLETION OF ALL PRE-EMPLOYMENT PROCEDURES INCLUDING INTERVIEW, VERIFICATION OF ALL RELEVANT INFORMATION AND THE APPROPRIATE PROBATIONARY PERIOD.

Print Name _____ Signature _____ Date _____