

**APPLICATION FOR EMPLOYMENT
CHRISTIAN COMMUNITY HOMECARE
A ministry of St. Thomas/Holy Spirit Lutheran Church**

3980 S. Lindbergh Blvd.
St. Louis, MO 63127

Phone: (314) 843-9673 Fax: (314) 849-2617 Email: home-care@swbell.net

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL

Last Name	First	Middle	Date
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Street Address	Home Telephone: ()
City, State, Zip	Cell Telephone: ()

Have you ever applied for employment with us?

Yes If yes, Month and Year _____ Social Security #

No

Position Desired	Pay Expected
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What hours are you available for work?

Are you eligible for employment in the United States?	When will you be available to begin work?
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Have you ever been convicted of a crime? If yes, when?

Locations you are available to work (counties, cities, etc.)

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree Or Diploma
High School					
College					
Business/Trade/Technical					

MEMBERSHIPS IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those, which may disclose your race, color, religion or national origin)

Please give accurate, complete full time and part time employment record. Start with your present or most recent employer.

Company Name	Telephone Number ()
Address	Employed (state month and year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
State Job Title and Describe Work:	Reason for Leaving: May We Contact? _____

Company Name	Telephone Number ()
Address	Employed (state month and year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
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Company Name	Telephone Number ()
Address	Employed (state month and year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
State Job Title and Describe Work:	Reason for Leaving: May we Contact? _____

SIGNATURE

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature

Christian Community
HOMECARE 

*A ministry of St. Thomas/Holy Spirit Lutheran Church
3980 S. Lindbergh Blvd. St. Louis, MO 63127
314-843-9673*

I, _____ authorize Christian Community Homecare to obtain all necessary background information from previous employers.

Signature

Date

PERSONAL REFERENCES

Please do not include relatives. List three individuals familiar with your background and work ability. If we experience difficulty in contacting the individuals listed, we will call you for additional references.

<u>NAME</u>	<u>TELEPHONE NUMBER</u>	<u>HOW DO YOU KNOW THIS PERSON?</u>	<u>NUMBER OF YEARS KNOWN</u>
1. _____			
2. _____			
3. _____			

For office use only

REFERENCE CHECK		
Employer	Person Contacted	Results