

Northland Adult Day Center LLC
1613 Swift Avenue
North Kansas City, MO 64116
Ph: (816) 844-3955 Fax: (816) 844-3710

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Date of Birth ____/____/____ Social Security No: ____-____-____

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Are you listed on Employee Disqualification List (EDL)? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted or plead guilty to a misdemeanor or felony and any suspended imposition of sentence, any suspended execution of sentence or any period of probation or parole? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

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Training, certifications or licenses held: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

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Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Authorization Consent and Release

Please initial and sign below.

The information that I have provided is true and complete to the best of my knowledge.

_____ *I AGREE that any false information or significant omissions may disqualify me from consideration of employment, and if employed, may be justification for dismissal.*

_____ *I UNDERSTAND it is standard procedure to do an Abuse/Neglect Screening, A Department of Motor Vehicle Screening and a Criminal Record Check through the Missouri State Highway Patrol or Family Care Safety Registry (FCSR).*

_____ *I AUTHORIZE Northland Adult Day Center LLC to check references required for employment decision.*

_____ *I AUTHORIZE those contacted to release information required for employment decision.*

_____ *I RELEASE from liability Northland Adult Day Center LLC and those contacted regarding my eligibility for employment.*

_____ *I UNDERSTAND employment at Northland Adult Day Center LLC is at will (that is, either the employee or the employer may terminate the employment relationship at any time and for any reason, other than an illegal reason).*

I ACKNOWLEDGE THAT I AGREE, UNDERSTAND AND HAVE READ THE ABOVE STATEMENTS.

APPLICANT SIGNATURE

DATE