



EMPLOYMENT APPLICATION

Name: _____ D.O.B _____ SSN: ____/____/____

Address: _____

_____ Street Number _____ City State

Zip _____

Home Phone: _____ Pager Number: _____

Cell Phone Number: _____ Work Phone: _____

Position applying for: _____

Desired Hours/Week: _____

Are you at least 18 years or older? _____

Please put a check in the corresponding box to indicate times you will be available to work.

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Day							
Eve							
Night							
PRN							

If you are hired, when can you start work? _____

How did you hear about this job opening? _____

Do you possess a valid driver's license? _____

Do you have reliable transportation? _____



Agape Quality Care, LLC

6301 Rockhill Rd Suite 314, Kansas City, Missouri 64131

816-333-2273 and 913-387-4884

Do you have any criminal convictions, findings of guilt, pleas of guilty, and pleas of nolo contendere except minor traffic offenses. _____?

If yes, please provide details of the offense(s), conviction(s), location(s), date(s) and disposition(s) in the space provided:

Have you ever been known by any other name(s) aliases and or social security numbers? _____

If yes, please list the name(s) and or social security numbers utilized:

Are you on the Missouri Employee Disqualification List? _____ Yes _____ NO

Education

Please check the highest level achieved:

High school Diploma or G.E.D.

Undergraduate Degree

Some College

Some Graduate Courses

Associates Degree

Master's Degree

Please indicate the high school(s) and colleges (if applicable), you have attended,

School Name	Address	# of Years Attended	Degree/Major



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Please list related course work, certifications or achievements below:

_____	_____
_____	_____
_____	_____
_____	_____

Employment History

Please list below previous employers, starting with the most recent:

Employer Name: _____

Employer Address: _____

Employment Dates: From _____ To _____

Job Title: _____

Supervisor Name: _____ Phone Number: _____

Reason for Leaving: _____

May we contact? _____

Employer Name: _____

Employer Address: _____

Employment Dates: From _____ To _____

Job Title: _____

Supervisor Name: _____ Phone Number: _____

Reason for Leaving: _____

May we contact? _____

Employer Name: _____

Employer Address: _____

Employment Dates: From _____ To _____

Job Title: _____

Supervisor Name: _____ Phone Number: _____

Reason for Leaving: _____

May we contact? _____

Please list three references. References must be former employers or other knowledgeable persons, **excluding relatives.**

Name	Address	Phone	Relationship



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I verify that the statements I have made in this application are true and complete. I understand that it is a class A misdemeanor to knowingly fail to disclose my criminal history. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge. I have read and understand the following statements:.

- I hereby acknowledge that I will be required to register with the Family Care Registry within 15 days of hire date if hired, which will do a complete background check for offenses which may disqualify an applicant from being hired.
- I hereby consent to a pre-employment criminal record check
- I hereby consent to a closed records check pursuant to Section 610.210 RSMo
- I hereby acknowledge that additional background checks may be conducted as well.
- I hereby acknowledge that Agape Quality Care, LLC is an At-Will Employer.
- I hereby acknowledge that this application does not constitute a promise of employment with Agape Quality Care, LLC

Applicant Signature Date