

**EAST MISSOURI ACTION AGENCY, INC.**  
**107 Industrial Drive, Post Office Box N**  
**Park Hills, Missouri 63601**  
**“An Equal Opportunity/ Affirmative Action Employer”**

**APPLICATION FOR EMPLOYMENT**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of non-job-related conditions or disabilities. If you need assistance completing this application, please notify Human Resources or local staff member.

**PLEASE PRINT**

Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip Code

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Reason for interest in job \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you been employed by EMAA before? \_\_\_\_\_ Employment date(s) \_\_\_\_\_

Are you now or have you ever been a Head Start parent? Yes No

Do you have a relative who is presently employed by EMAA or who serves on the Board of Directors or on the Head Start Policy Council? Yes No Who? \_\_\_\_\_ Relationship \_\_\_\_\_

Are you over the age of 18? Yes No

Can you travel if required? Yes No Do you have reliable transportation? Yes No

Have you ever been convicted of a felony? (A conviction will not necessarily disqualify you.) Yes No

If yes, please explain: \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes No (If offered employment, you will be required to provide documentation to verify eligibility.)

**EDUCATIONAL BACKGROUND** (If this information is included on your attached resume, check here and go to next section) \_\_\_\_\_

TYPE OF SCHOOL	SCHOOL NAME	LOCATION	MAJOR	DEGREE/YEAR
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HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

GRADUATE SCHOOL \_\_\_\_\_

VOCATIONAL/OTHER \_\_\_\_\_

Please summarize any special skills or other qualifications you have. \_\_\_\_\_

Is there anything else you would like us to know about you? \_\_\_\_\_

**PERSONAL REFERENCES** (If this information is included on your attached resume, check here and go to next section) \_\_\_\_\_

List two references who are not former employers, relatives or close friends.

NAME/OCCUPATION	ADDRESS	DAYTIME PHONE
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1. \_\_\_\_\_

2. \_\_\_\_\_

**EMPLOYMENT EXPERIENCE** (If this information is included on your attached resume, check here and go to next section) \_\_\_\_\_  
Begin with your most recent/current position; include military or volunteer experience.

Employer \_\_\_\_\_ Dates worked \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Job title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work performed \_\_\_\_\_  
Wages: Starting \_\_\_\_\_ per \_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Dates worked \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Job title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work performed \_\_\_\_\_  
Wages: Starting \_\_\_\_\_ per \_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Dates worked \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Job title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work performed \_\_\_\_\_  
Wages: Starting \_\_\_\_\_ per \_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Dates worked \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Job title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work performed \_\_\_\_\_  
Wages: Starting \_\_\_\_\_ per \_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Please initial below where appropriate** (you may initial more than one)

- I consent for EMAA to contact my previous employers for release of records and to discuss my performance.  
 I consent for EMAA to contact \_\_\_\_\_ at my present employer to discuss my performance.  
(Suggested contact person)  
 I do not wish to have my present employer contacted.

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize EMAA to verify their accuracy and to obtain reference information on my work performance. I hereby release EMAA from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

# Applicant Background Survey

## East Missouri Action Agency

Equal Opportunity Employer/Affirmative Action Employer

<p><b>GENERAL INSTRUCTIONS</b></p> <p>In boxes 1 to 2, please print using capital letters only. Read each item thoroughly before circling the appropriate codes in box 4. Enclose this form with your application or mail it to:                  East Missouri Action Agency                  Human Resource Coordinator                  P. O Box N, Park Hills, MO 63601</p>	<p><b>YOUR PRIVACY IS PROTECTED</b></p> <p>This information is needed to determine if our recruitment efforts are reaching all segments of the population, as required by Federal Law. This is vital information not available from any other source. We can only get it directly from you.</p> <p>Your voluntary responses are treated in a <b>highly</b> confidential manner. They <b>are not</b> released to the panel rating the applications, to the selecting official, to anyone else who can affect your application, or to the public. This form will be destroyed after the position is filled.</p> <p>Thank you for helping us to provide a better service.</p>	
<p><b>1. Position Title Applied for:</b></p>		
<p><b>2. Name (Last, First, MI)</b></p>		
<p><b>3. How did you learn about this position? (Circle one)</b></p>		
<p>01- Job Announcement                  02- Missouri State Division of Employment                  03- Other state agency                  04- Friend                  05- EMAA employee</p>	<p>06- Radio                  07- Television                  08- Newspaper                  09- School                  10- Other _____</p>	
<p><b>4. Identify yourself in each category: (Circle the appropriate codes)</b></p>		
<p><b>Ethnicity: (Circle one)</b></p> <p>D – Hispanic or Latino                  N – Not Hispanic or Latino</p>	<p><b>Race: (Circle one or more)</b></p> <p>A – American Indian or Alaska Native                  B – Asian                  C – Black or African American                  G – Native Hawaiian or Other Pacific Islander                  E – White                  F – Two or more Races (Not Hispanic or Latino)</p>	<p><b>Sex: (Circle one)</b></p> <p>M – Male                  F - Female</p>

*Providing **this information is voluntary**. No individual personnel selections are made based on this information.*