



660-425-4333

200 North Dewey, Maryville MO 64468

www.thehealingtouchbethany.com

300 North 25th Street, Bethany MO 64424

Application for Employment

Please complete all portions of this application. The employer is in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, mental or physical disability, veteran status, citizenship, or any other protected classification. Equal access to programs, services and employment is available to all persons.

Applicant Information

Last Name		First Name		Middle Name	
Residence Address	Street	City	State	Zip	
Mailing Address	Street	City	State	Zip	
Telephone Number			Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you prevented from lawfully becoming employed in this country because of your Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

Do you have a valid Driver's License? Yes No If yes please provide number _____

Date available to work? _____

Are you available to work: Full Time _____ Part Time _____ Temporary _____

If the position requires, are you willing to work the following schedules?

Answer "Yes" or "No" Evenings _____ Nights _____ Weekends _____ Holidays _____

Have you ever been convicted of a felony? Yes No

Have you been convicted of a misdemeanor within the last five years? Yes No

If yes to one or both of the above questions, you must explain on a separate piece of paper and attach it to this application, even if you received a suspended imposition of a sentence.

Conviction will not necessarily disqualify an applicant from employment.

Employment History

May we contact present employer? Yes No

Most Recent Employer	Address	Telephone
Date Started	Starting Salary	Starting Position
Date Left	Salary on Leaving	Position on Leaving
Name and Title of Supervisor	Reason for Leaving	
Description of Duties		

Employer	Address	Telephone
Date Started	Starting Salary	Starting Position
Date Left	Salary on Leaving	Position on Leaving
Name and Title of Supervisor	Reason for Leaving	
Description of Duties		

Include explanation of any gaps in employment.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other(Specify)				

Additional Information

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills and qualifications from employment or other experience.

Note to Applicants:
DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE REVIEWED THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING, PLEASE SEE JOB DESCRIPTION.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. **Yes** **No**

References

Do not include family members or past supervisors.

Name	Phone Number	Occupation
1.		
2.		
3.		

Applicants Statement

I certify that answers given herein are true and complete to the best of my knowledge and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment if hired.

This application for employment shall be considered active for a period of 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

All employment offers are made contingent upon satisfactory proof or legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing.

I understand that if hired I may be required to undergo a physical examination, have a photograph taken, and drug and alcohol test either if my job requires a CDL, or if I should become involved in an accident while on duty, on company premises, on job sites, or in a company vehicle, or if a reasonable suspicion of drug or alcohol use exists based on my performance, appearance, an/or behavior. The examination and the test will be performed at the employer’s expense, by the employer’s representative.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and education institution and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing information about me.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

Signature of Applicant

Date

Please return to Annie Zirfas at anniedgraham@gmail.com or drop off at our Maryville or Bethany locations. If you choose to send via email, a confirmation email will be sent to you acknowledging that we received your application.