

**EPWORTH**  
Where Kids Find Strength

110 North Elm Avenue  
Webster Groves, Missouri 63119  
Phone (314) 961-5718 Fax (314) 918-3495

Office Use Only

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

*\*\*\*Please complete all sections. You may not be considered for employment if any sections are incomplete. This application will be given every consideration, but its receipt does not imply the applicant will be employed.*

Date of Application: _____		Position applied for: _____	
Name _____		_____	
Last	First	Middle Initial	
Address _____		_____	
Number/Street	City	State	Zip Code
Phone Number _____	Social Security Number _____		
Cell or Secondary Number _____	E-mail address: _____		
Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**WORK HISTORY**

Are you presently employed?  Yes  No If yes, may we contact your present employer?  Yes  No

Please list ALL present and past employment for the past five years, beginning with the most recent. Also, list any experience related to working with children/youth. Please attach additional pages if needed.

Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From (Mo/Yr) \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Were you employed Full-time or Part-time? \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Company Phone Number \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Describe the work that you did \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

WORK HISTORY (cont.)

Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From (Mo/Yr) \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Were you employed Full-time or Part-time? \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Company Phone Number \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Describe the work that you did \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From (Mo/Yr) \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Were you employed Full-time or Part-time? \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Company Phone Number \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Describe the work that you did \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

WORK HISTORY (cont.)

Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From (Mo/Yr) \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Were you employed Full-time or Part-time? \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Company Phone Number \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Describe the work that you did \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

How did you hear about this position?  
Advertisement  Where? \_\_\_\_\_ Referral  By Whom? \_\_\_\_\_

Are you 21 years of age or older? Yes No

Are you looking for: Full-time Part-time (How many hours per week? \_\_\_\_ )  PRN (As needed)

Scheduling Availability: Days Evenings Overnights Weekends Holidays

Indicate Days and Hours of Availability: \_\_\_\_\_

\_\_\_\_\_

When are you available to begin work? \_\_\_\_\_

Would you be willing and able to perform all of the tasks required by the job you are applying for?  
Yes No If not, please explain \_\_\_\_\_

Are you related to anyone currently working for Epworth? Yes No

If yes, who? \_\_\_\_\_

Have you ever interviewed with Epworth? Yes No Have you ever worked for Epworth? Yes No  
If you answered yes to either of the above, when? \_\_\_\_\_

**RECORD OF EDUCATION (Begin with High School information)**

Name of School	# of years completed	Degree Received Yes/No	Major/Minor	# of credit hours completed
				XXX XXX

**MISCELLANEOUS**

Have you ever been convicted of a crime or plead guilty to a crime? Yes No (conviction record will not necessarily be a bar to employment, but facts such as recency, rehabilitation and Missouri law will be considered.)

If yes, list each conviction with details \_\_\_\_\_

Have you ever worked for the State of Missouri? Yes No

If yes, did you leave in good standing? Yes No

Are you currently working for the State of Missouri? Yes No

If yes, you must provide written approval from the state agency's Director to work outside that agency.

Are you listed on the Division of Health & Senior Services (DHSS) Employment Disqualification List?

Yes No

Are you listed on the Department of Mental Health (DMH) Employment Disqualification Registry?

Yes No

Have you ever received a Substantiation of Abuse or Neglect? Yes No

If yes, explain the substantiation \_\_\_\_\_

Have you ever been fired or asked to resign from a job? Yes No

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

**DRIVING INFORMATION (for positions requiring the use of vehicles)**

Do you possess a valid driver's license? Yes No

If yes, list Driver's License Number \_\_\_\_\_ Issuing State \_\_\_\_\_

Will you release Epworth Children & Family Services from liability regarding information obtained in reference to your driving record? Yes No

If no, please explain: \_\_\_\_\_

**REFERENCES**

Provide information on three people (not related to you) whom we may contact for a character reference:

*\*Please list full contact information in order for your application to be considered complete.*

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone and/or e-mail \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone and/or e-mail \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone and/or e-mail \_\_\_\_\_

**SPECIAL SKILLS** (Please indicate all applicable skills)

Typing  Wpm: \_\_\_\_\_

Computer Skills  MS Word  MS Excel  Internet  Email

Other software or skills: \_\_\_\_\_

Additional Skills  Explain: \_\_\_\_\_

Any experience or skills (paid or unpaid) working with youth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**->> Authorization: APPLICANTS Complete Box Below ONLY**

I hereby release my current/previous employer, employees and agents, from any liability as the result of providing employment information. Epworth Children & Family Services, Inc. may utilize this information in determining my fitness for employment.

A signed photocopy or facsimile of this form shall be considered as valid.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Social Security Number

**>> Previous Employment Information <<**  
**To be completed by previous employer**

Current/Previous Employer \_\_\_\_\_

The person named above has applied for employment with our organization. Please complete the following information.

Last Position Held \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Date of Hire \_\_\_\_\_ Date of Separation \_\_\_\_\_

Reason for Separation \_\_\_\_\_

Eligible for Rehire \_\_\_\_\_ YES \_\_\_\_\_ NO

Verifying Official \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Contact Number \_\_\_\_\_

## CERTIFICATION AND ACKNOWLEDGEMENT (Epworth)

Please read and sign if you are applying for positions with Epworth Children & Family Services:

I authorize Epworth Children & Family Services, Inc. to investigate, obtain, compile, examine, copy or receive any records pertaining to my employment history; to obtain a copy of my college transcript(s); and without reservation allow Epworth to release an/or discuss any information about my current or past employment history or college transcript(s) with the appointed personnel of the Department of Social Service, Children's Division. By authorization of the above, I agree to hold harmless any individual, partnership, corporation, educational institution, or agency, its officers, agents and employees, as well as the State of Missouri, from any liability for any damage whatsoever for issuing such information.

I certify that my application contains no misrepresentation or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that should an investigation at any time disclose any such misrepresentation or falsification as to a material fact, my application will be rejected and I may be dismissed from employment.

I agree that if I am employed, I will abide by all the rules and regulations of the Agency. I agree to take a physical examination and drug test as a condition of initial employment. I further understand that the taking of drug and alcohol tests, when given pursuant to agency policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. These examinations will be by a physician and medical facility designated by the Agency. I understand that I could be terminated when the medical examination indicates that I cannot perform the essential job related functions.

I agree to provide, at no expense to Epworth Children & Family Services, Inc., a copy of my high school, college, graduate school transcripts, or professional license or certificate. I authorize the Agency to obtain checks of criminal records and driving records. I understand that Epworth Children & Family Services, Inc. will also obtain child abuse and neglect records, and that my initial employment at Epworth Children & Family Services, Inc. as well as continued employment will be contingent upon cooperating in the aforementioned checks and screenings and the information obtained will not necessarily reflect adversely upon my eligibility for employment. I understand that the screening checks will continue periodically.

**I further understand that no one in the Agency is authorized to enter into any written or verbal employment contract with me for any definite period of time without the express written consent of Epworth's Executive Director. I understand that my employment is at-will and may be terminated by myself or by the Agency at any time for any reason or for no reason at all, with or without prior notice.**

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Signature of Applicant

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Date

Epworth is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status, genetic condition, any disability as defined in the Americans with Disabilities Act, or for any other reason protected by State or Federal law.