

CORNERSTONES OF CARE
Gillis – HFCS - Marillac – Ozanam – Spofford
Employment Application

Please complete entire application. A resume may not be submitted in lieu of application.

Please Print

Name _____ Social Security Number _____

Address _____ City/State/Zip _____

Phone Number _____ Cell Phone Number _____ Email _____

Agency where you want to work _____ Position for which you are applying _____

Available to start _____ Earnings expectations \$ _____ hour *or* \$ _____ annual

Are you authorized to work in the United States? Yes No

Have you been convicted of a crime including a misdemeanor, a felony, or a municipal ordinance violation other than a non-moving traffic violation in any court including the military court system? Yes No

If yes, please provide the date, type of conviction and the sentence you received, or state, "Will discuss in interview."

Have you ever been reported to the Central Registry and/or convicted of child abuse or neglect? Yes No

Have you ever been employed by any of the Cornerstones of Care agencies? Yes No If so, which One? _____

Do you currently have any relatives working at a Cornerstones of Care agency? Yes No If so, which One? _____

Licensing requires that all positions be held by individuals who are at least 21 years of age. Are you 21 years of age or older? Yes No

How were you referred to Cornerstones of Care? Please state referral source _____

Education Information: Please indicate your high school, trade school, or college/university information

School Name	School Address	Course of Study	# Of Years Completed	Degree/Diploma attained

Military History: Have you served in the military? Yes No If yes, Branch of Service? _____

Licensure, certifications or specialized training:

Area(s) (i.e. LPC, LCSW, Education, RN, LMFT, LPN, Childcare Worker, First Aid, CPR, MANDT)	License or Certification Number	Date of Expiration	State of License or Certification - if applicable

Training/Experience: Please indicate additional proficiencies you have acquired through training and/or experience.

Type of Training/Experience (i.e. typing speed, computer software programs, fund-raising, supervisory, etc.)	Years of Experience

Personal References: Please list three (3) personal references. Do not include previous employers or relatives.

Name	Address/City/State/Zip	Daytime Phone No.	Years Acquainted

Available to work:
<input type="checkbox"/> Weekends
<input type="checkbox"/> Holidays
<input type="checkbox"/> Days
<input type="checkbox"/> Evenings
<input type="checkbox"/> Nights
<input type="checkbox"/> Full-Time
<input type="checkbox"/> Part-Time
<input type="checkbox"/> PRN/On Call

Employment History: All applicants are required to complete the following history. Beginning with your present/most recent employer, please list all full and part-time positions you have held for the past five (5) years and any position working with children prior to the past five (5) years. Also, include all previous employment with the Missouri Children's Division and whether you left it in good standing: Yes _____ No _____

Employer _____ Supervisor _____ Department _____
Address _____
Telephone Number _____ Fax Number _____ Ending Salary _____
Dates of Employment _____ to _____ Full Time Part Time
Beginning Position _____ Ending Position _____
Job Duties _____
Reason for Leaving _____

Employer _____ Supervisor _____ Department _____
Address _____
Telephone Number _____ Fax Number _____ Ending Salary _____
Dates of Employment _____ to _____ Full Time Part Time
Beginning Position _____ Ending Position _____
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Beginning Position _____ Ending Position _____
Job Duties _____
Reason for Leaving _____

Cornerstones of Care appreciates the time you have spent with us in applying for a position. Please complete the section below giving us permission to verify the information you have given us. Also, please indicate whether you wish to have your application circulated among the Cornerstones of Care agencies. Yes No
Only the following agencies: _____

Authorization to: Cornerstones of Care and/or Affiliated Agencies.

I authorize Cornerstones of Care or one of its affiliates, herein referred to as Cornerstones of Care, 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 completely and without reservation allow my current and/or prior employer(s) to release and/or discuss any information about my employment history or college transcript(s) with the appointed personnel of the Department of Social Services, Children's Division and Cornerstones of Care. 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.

The application contains no misrepresentation or falsification and the information given is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification as to a material fact, the application will be rejected or if employed, I may be dismissed by Cornerstones of Care.

I grant permission to contact my current employer. Yes No

I understand employment with Cornerstones of Care is "at will" and can be terminated by Cornerstones of Care or myself at any time for any reason not specifically prohibited by law. I understand that Cornerstones of Care may change the terms and conditions of employment at any time.

I authorize Cornerstones of Care to use a photocopy of this Authorization, for release of information as referenced above.

Signature of Applicant _____

Date of Application _____

Social Security Number _____

Cornerstones of Care and its affiliates are Equal Opportunity Employers.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age, with respect to individuals who are at least 40 years of age and on the basis of any mental or physical disability or veteran status.