



ICAN Missouri Foundation



105 North Avenue | P.O. Box 603 | Moberly, MO 65270

Phone: 660-269-8767

Fax: 660-269-8772

Employment Application

Applicant Information

Full Name: _____ Date _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () E-mail Address: _____

Date Available: _____ Desire: FT/PT?

Position Applied for: _____ **Desired Salary:**

Are you authorized to work in the United States? YES NO

Have you ever worked for this company? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO If yes, explain:

Are you related to any current ICAN employee? Which ICAN employee? _____

Are you related to any person receiving services from ICAN? YES NO

Education

High School: Address: _____
Did you graduate? YES NO
Degree: _____

College: _____
Address: _____

Did you graduate? YES NO Degree: _____
Address: _____

Other: _____
Address: _____

Did you graduate? YES NO Degree: _____

Transportation

Do you have a valid driver's license? YES NO Do you have reliable transportation? YES NO

Do you have proof of vehicle insurance? YES NO

Certifications

Do you have any of the following certifications?

CPR YES NO Expires: _____ First Aid YES NO Expires: _____

CPI YES NO Expires: _____ Level 1 Med Aide YES NO Expires: _____

Personal/Professional References

Please list three personal/professional references.

Full Name: _____ Relationship: _____ How long known? _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____ How long known? _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____ How long known? _____
Company: _____ Phone: () _____
Address: _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

ICAN MISSOURI FOUNDATION

Pre-Employment Background Screening Authorization

Revised 02/21/14

CONSENT & AUTHORIZATION

I authorize and consent to ICAN obtaining both an investigative consumer report and a consumer report on me, and I agree to submit to drug and alcohol testing in accordance with the company's policies. I understand that this information may be used to determine whether I will be hired as an employee and, if hired, whether I will be eligible for promotions, reassignments, or retention. My signature also allows ICAN Missouri Foundation to enroll me in the Family Care Safety Registry if I am not already in the data base. This will be at ICAN's expense. I further understand this consent will remain in effect until revoked in a written document signed by me or the separation of my employment. I further acknowledge that my refusal to provide this consent or my revoking my consent may affect my eligibility for employment, continued employment, promotion or reassignment. I further understand that the information contained on my job application or otherwise disclosed by me may be utilized for the purpose of obtaining a consumer report or investigative consumer report and certify that all such information is true and complete to the best of my knowledge. Any omissions or false or misleading statements made by me in connection with the application process will result in ICAN denying me employment, if I am hired, terminating my employment.

I authorize the complete release of records or data pertaining to me which an individual, company/firm/corporation (present or past), or public agency may have to ICAN and its designated agents and representatives. I further authorize ICAN and its designated agents and representatives to disclose orally and in writing the results of this verification or interview process to authorized management within the organization.

I hereby forever release ICAN and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, to the fullest extent permitted by law from any and all liability for damages of whatever kind, or any other charge or complaint which may at any time, result to me, my heirs, family or associates arising from the retrieving and reporting of information.

I understand that I must provide the following information and that no employment decisions will be solely based on this information, unless the issue relates to an essential job function or may impact the workplace and/or company.

Print Full Name:	First:	Middle Name:	Last:	Maiden:
Print All Former Names Used:	1.	2.	3.	
Phone:	SSN:	Gender: Male Female	Date of Birth:	
Current Address:	City:	State:	Zip:	
Driver's License Number:	State of Issuance:		Expiration Date:	
Print Residences in the previous 10 years:				
Address (if known):		City:	State:	
Last school you graduated from:			Year Graduated:	
Signature:			Date:	