

**EMPLOYMENT  
APPLICATION**



**1<sup>st</sup> Stepp**  
**Home Assistance, INC.**  
Caruthersville, MO \* Malden, MO \* Sikeston, MO  
Dyersburg, TN

**APPLICANT INSTRUCTIONS**

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below
2. Complete both sides of this page.
3. If more space is needed to complete any questions, use comments section at the bottom of this page.
4. Print clearly, Incomplete or illegible applications will not be processed
5. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
6. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First MI

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET  
CITY STATE ZIP

PRIOR ADDRESS: \_\_\_\_\_  
STREET  
CITY STATE ZIP

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on the company policy and the needs of the job, you will be required to complete a medical history form and may require an examination by a medical professional designated by the company.

**AVAILABILITY:** For which position are you applying? \_\_\_\_\_  
What date can you start? \_\_\_\_\_ What category would you prefer? ☐ Full Time ☐ Part Time ☐ Temporary ☐ Labor Pool

For which schedules are you available? ☐ Weekdays ☐ Weekends ☐ Evenings ☐ Nights ☐ Overtime ☐ Shift ☐ Other

**JOB-RELATED SKILLS:** NOTE: Do not fill out any part of this section you believe to be non-job related.

☐ Yes ☐ No If the job requires, do you have the appropriate valid drivers license?  
Name on license \_\_\_\_\_ DL # \_\_\_\_\_ State of Issue \_\_\_\_\_

☐ Yes ☐ No Have you had any moving violations? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
Please list any other skills, licenses or certificates that may be job related or that you feel would be of value to this job or company. \_\_\_\_\_

☐ Yes ☐ No Have you been given a job description or had the requirements of the job explained to you?

☐ Yes ☐ No Do you understand these requirements?

☐ Yes ☐ No Can you perform the requirements of this job with or without reasonable accommodation?

List languages in which you are fluent \_\_\_\_\_

**SECURITY** List States and counties of residence for the past seven years. \_\_\_\_\_

☐ Yes ☐ No Have you used any other names or Social Security Numbers other than given above? If so, please list in boxes below.

☐ Yes ☐ No Have you been convicted of or plead guilty to a felony or a misdemeanor. If so, please describe in the boxes below.  
(In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE

**COMMENTS** (ASK FOR AN ADDITIONAL PAGE IF NECESSARY)

☐ Yes ☐ No In the event you have a criminal conviction, do you give consent for a closed records check?

## PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER		
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes   <input type="checkbox"/> No   Are you currently working for this employer? <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, may we contact?</div><div style="border: 1px solid black; padding: 5px; width: 150px;">PHONE   (   ) FAX   (   )</div></div>		
COMPANY NAME _____	CITY _____	STATE _____
FROM _____ TO _____ DATES EMPLOYED	JOB TITLE _____	SUPERVISOR NAME _____
DUTIES _____		
SALARY _____ PER _____ (HOUR, WEEK, MONTH)		Number of days absent _____
REASON FOR LEAVING _____		

  

SECOND MOST RECENT EMPLOYER		
<div style="border: 1px solid black; padding: 5px; width: 150px;">PHONE   (   ) FAX   (   )</div>		
COMPANY NAME _____	CITY _____	STATE _____
FROM _____ TO _____ DATES EMPLOYED	JOB TITLE _____	SUPERVISOR NAME _____
DUTIES _____		
SALARY _____ PER _____ (HOUR, WEEK, MONTH)		Number of days absent _____
REASON FOR LEAVING _____		

  

THIRD MOST RECENT EMPLOYER		
<div style="border: 1px solid black; padding: 5px; width: 150px;">PHONE   (   ) FAX   (   )</div>		
COMPANY NAME _____	CITY _____	STATE _____
FROM _____ TO _____ DATES EMPLOYED	JOB TITLE _____	SUPERVISOR NAME _____
DUTIES _____		
SALARY _____ PER _____ (HOUR, WEEK, MONTH)		Number of days absent _____
REASON FOR LEAVING _____		

**REFERENCES:** Include only individuals familiar with your work ability. Do NOT include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

**EDUCATION:** Please circle highest grade completed   7   8   9   10   11   12   13   14   15   16   16+

If your school records are under a different name than listed on page 1, please enter that name: \_\_\_\_\_

NAME	CITY/STATE	GRADUATE?	DEGREE:
HIGH SCHOOL			
COLLEGE			
OTHER			

Please describe your attendance while in school \_\_\_\_\_

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorized the company and / or its agents, including consumer-reporting bureaus to verify any of this information. I authorized all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

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

\_\_\_\_\_  
Date