

Hi-Tech Charities
5920 Dr. Martin Luther King Drive; St. Louis, Mo. 63112
Phone (314)389-5737 Fax (314) 382-1660
www.htc.ngo

APPLICATION FOR EMPLOYMENT

I. Personal Information

Applicant Name: Last: First: Middle:
Current Address: City State Zip
Permanent Address: City State Zip
Mailing Address: City State Zip
Home Phone: Cell Phone: Pager:
Email Address: SSN: DOB:
Emergency Contact Name: Relationship:
Emergency Contact Phone: E-mail:

II. Employment Information

Position Applying For:

How were you referred to Company? (Circle one) By: Family Friend Walk-In Advertised

Are you applying for: (circle one) Temporary Part Time Full Time PRN (As needed)

What days and hours are you available for work?
Days: (circle all that apply) Week days only Weekends only Holidays No preference
Hours: (circle the hours that apply): 6 am - 2 pm 8 am - 4 pm 12 noon - 5 pm 4 pm - 10 pm
Other (Please Specify):

If hired, on what date can you start working? / / (MM/DD/YYYY) Salary desired: \$

Have you ever worked for/applied to Hi-Tech Charities before? [] Y or [] N
If yes, please explain (include date):

Do you have any friends, relatives, or acquaintances working for Hi-Tech Charities? [] Y or [] N
If yes, state name & relationship:

If hired, would you have reliable transportation to/from work? [] Y or [] N

Are you over the age of 18? (If under 18, must verify legal age.) [] Y or [] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

If hired, are you willing to submit to and pass a controlled substance test? Y or N

If hired, would you be able to submit your transcripts for the training which qualifies you for the position you are applying for? Y or N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Y or N

If no, describe the functions that cannot be performed: _____

(Note: HTC complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

III. Criminal Justice History

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Y or N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

Do you have any records with the Family Care Safety Registry? Y or N

If yes, please state the nature of the record or case. _____

Are you listed in the Employee Disqualification List? Y or N

If yes, please state why. _____

Other than minor traffic offenses, have you ever had any findings of guilt, pleas of guilty, and/or pleas of nolo contendere? Y or N

If yes, please provide full disclosure, describing the finding/s or plea/s - state nature of the finding/s or plea/s, when and where. _____

Do you use or have you ever used any alias/es, other names or social security numbers? Y or N

If yes, please provide full disclosure and descriptions, stating what, when, how, and where used. _____

Do you drink alcohol? Y or N

Have you ever been convicted for driving under the influence of alcohol? Y or N

Do you currently use illegal drugs? Y or N

Have you ever used illegal drugs? Y or N

If the answer to either of the above questions is yes, what illegal drugs have you used in the last six months?"

(To be considered for employment with HTC, a candidate must meet certain standards set by this organization. Meeting these standards requires all applicants to fulfill the following: Receive an acceptable background checks: (a) Highway Patrol Background Check (b) Family Care Safety Registry (c) Employee Disqualification List (d) Citizenship Verification Form (e) Possess current licenses in good standing with the State of Missouri (f) Successful Reference Check Authorization Forms and (g) Receive employment verification from former employers (h) Pass Drug Test. Individuals recruited from the Juvenile Court System must have two letters of recommendations from two authorities from that agency in addition to meeting above mentioned categories)

(**Note:** No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Do you consent to Hi-Tech Charities' policy of pre-employment criminal record check? Y or N

If yes, please sign and date here: Signature: _____ Date: _____

Do you consent to a closed records check pursuant to Section 610.120, RSMo? Y or N

If yes, please sign and date here: Signature: _____ Date: _____

IV. Education, Training, Certification, and Experience

*High School: _____ School Address: _____

City _____ State _____ Zip _____ Number of Years Completed: _____

Degree / diploma earned: ___ High School Diploma ___ GED ___ None

*College / University: _____ School Address: _____

City _____ State _____ Zip _____ Number of Years Completed: _____

Did you graduate? Y or N Degree / diploma earned: _____

*College / University: _____ School Address: _____

City _____ State _____ Zip _____ Number of Years Completed: _____

Did you graduate? Y or N Degree / diploma earned: _____

*College / University: _____ School Address: _____

City _____ State _____ Zip _____ Number of Years Completed: _____

Did you graduate? Y or N Degree / diploma earned: _____

*Vocational/Trade School: _____ Address: _____

City _____ State _____ Zip _____ Number of Years Completed: _____

Did you graduate? Y or N Degree / diploma earned: _____

*Vocational/Trade School: _____ Address: _____

City _____ State _____ Zip _____ Number of Years Completed: _____

Did you graduate? Y or N Degree / diploma earned: _____

*Military: Y N Branch: _____ Rank in Military: _____

Total Years of Service: _____ Skills/duties: _____

Related Duties: _____

Discharged? Y or N Type of Discharge _____

Additional Training: (Circle all that apply): Clerical/Secretarial, Certified Instructor, Certified Professional Accountant; Certified Nursing Assistant; License Practical Nurse; Registered Nurse; Advance Practice Nurse

List any special training, apprenticeship and/or skills not associated with the position for which you are applying. Also, note any diploma/certificate earned (Exclude any details that would reveal your race, color, religion, gender, age, disability, ancestry, national origin, or other protected status).

List any computer software programs in which you are experienced in (Example: Microsoft works, MS excel, MS PowerPoint, MDS, etc) _____

List any professional, trade, business or civic activities and offices you hold: (Exclude any details that would reveal your race, color, religion, gender, age, disability, ancestry, national origin, or other protected status). _____

List honors, awards or others accomplishments received (example from church, school and/or other organizations). _____

Feel free to provide any additional information you feel may be helpful to us in considering you for employment.

V. Employment History

Are you currently employed? Y or N If yes, may we contact your current employer? Y or N
Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed. Please list current position or most recent position first.

1. Name of Employer: _____

Name of Supervisor: _____ Telephone Number: _____

Business Type: _____

Address: _____ City _____ State _____ Zip _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

2. Name of Employer: _____

Name of Supervisor: _____ Telephone Number: _____

Business Type: _____

Address: _____ City _____ State _____ Zip _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

3. Name of Employer: _____

Name of Supervisor: _____ Telephone Number: _____

Business Type: _____

Address: _____ City _____ State _____ Zip _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

VI. References

Please list below the names of three persons not related to you, whom you have known at least one year. These persons must have knowledge of your work performance within the last four years. Please include at least one professional reference.

1. Name of Reference: First Name: _____ Last Name: _____

Telephone Number: _____ E-mail: _____

Address: _____ City _____ State _____ Zip _____

Occupation: _____ Number of Years Acquainted: _____

2. Name of Reference: First Name: _____ Last Name: _____

Telephone Number: _____ E-mail: _____

Address: _____ City _____ State _____ Zip _____

Occupation: _____ Number of Years Acquainted: _____

3. Name of Reference: First Name: _____ Last Name: _____

Telephone Number: _____ E-mail: _____

Address: _____ City _____ State _____ Zip _____

Occupation: _____ Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure eligibility/consideration for this position can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

x _____

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such

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disclosure. In addition, I release Hi-Tech Charities, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

x _____

I fully understand and accept that, as a requirement for employment, I am responsible for expenses connected with obtaining an FBI and Missouri Highway Patrol Fingerprint Check report to HTC employment officer for review and verification. I also understand and accept that I must supply HTC with FBI and Missouri Highway Patrol Fingerprint Check report before official start of employment.

x _____

I also understand and accept that HTC is a drug free workplace, and so, I pledge to comply with its drug policy and random drug tests.

x _____

I understand and agree that if I am employed, I must put in an official/written notice, in the case of the new employee's resignation, giving at least 30 days prior notice or furnish my one month's salary to HTC in lieu of notice. Similarly, if the organization must let go an employee because of loss of contract or other unfavorable business factors, HTC shall provide at least 30 days notice with normal pay, unless I committed an offence that warrant immediate dismissal.

x _____

I also understand and agree that HTC reserves the rights to conduct regular performance evaluation of its employees and to implement policies commensurate with my performance. In clearer terms, while high performance attracts positive evaluation, the reverse is the case for inefficiencies, low performance, and disruptive behaviors. I fully understand that performing below expectations attracts negative evaluation, which may lead to suspension or outright dismissal from the organization.

x _____

I understand and agree that if I am employed, nothing in this application or employment agreement is to be construed to waive any of the employer's rights, pursuant to Missouri "Employment at Will Doctrine." I further understand and agree that my position may be terminated for any reason at any time with or without notice.

x _____

Applicant's Name: _____ Position Title: _____

Applicant's Signature: _____ Date: _____

HTC Official's Name: _____ Position Title: _____

HTC Official's Signature: _____ Date: _____