



DELTA AREA ECONOMIC OPPORTUNITY CORPORATION

**99 SKYVIEW ROAD
PORTAGEVILLE, MO 63873
573-379-3851/FAX 573-379-2175**

Date of Application

DAEOC is an equal opportunity employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin or other protected classification.

Please fill out the application completely, even if you are submitting a resume. Print (or type) clearly.

Position applied for: _____ Location: _____

PERSONAL INFORMATION

Name: _____ Social Security #: _____
Last First Middle

Present address: _____
Street/Box # City State Zip Code

Telephone/Contact number: _____ How did you learn about this position? _____

Do you have family members employed by DAEOC? ☐ Yes ☐ No If so, who? _____

Were you previously employed by us? ☐ Yes ☐ No If so, dates & position: _____

Are you legally eligible for employment in the USA? ☐ Yes ☐ No Age if under 18 or over 70: _____

Do you have a driver's license valid in Missouri? ☐ Yes ☐ No Classification of license? _____

Have you ever been reported and/or convicted of Child Abuse or Neglect? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No (Conviction will not necessarily disqualify an applicant for employment.) If yes, please explain: _____

EDUCATIONAL BACKGROUND

School	Name and address of school	Course of study	Last year completed	Diploma/Degree
High School				
College				
Other (Specify)				

Other schools, skills and qualifications: _____

PERSONAL (P) & EMPLOYMENT (E) REFERENCES

(Applicant must include at least one of each)

P or E	Name and occupation	Address	Phone number

LIST PRESENT AND PAST EMPLOYMENT BEGINNING WITH MOST RECENT

1 Name/address of company and type of business Telephone:	From Month/Year	To Month/Year	Starting Salary	Ending Salary	Supervisor: _____ Reason for leaving: _____ Position on leaving: _____
Description of duties:					

2 Name/address of company and type of business Telephone:	From Month/Year	To Month/Year	Starting Salary	Ending Salary	Supervisor: _____ Reason for leaving: _____ Position on leaving: _____
Description of duties:					

3 Name/address of company and type of business Telephone:	From Month/Year	To Month/Year	Starting Salary	Ending Salary	Supervisor: _____ Reason for leaving: _____ Position on leaving: _____
Description of duties:					

I hereby give permission to contact the employers listed above concerning any information DAEOC deems relevant. I do not wish for the following employer(s) to be contacted (circle appropriate numbers): 1 2 3

PLEASE READ AND SIGN BELOW

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by DAEOC. I understand that any employment is conditioned on a background check. I authorize DAEOC to thoroughly investigate all statements in my application or resume and I authorize my former employers and reference to disclose information regarding my former employment, character and general reputation to DAEOC, without giving me prior notice of such disclosure. In addition, I release DAEOC, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either DAEOC or myself. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon DAEOC unless made in writing.

If I am offered employment I agree to submit to a pre-employment drug-screening test before starting work. If employed, I also agree to submit to a medical examination and/or drug test at any time deemed appropriate by DAEOC and as permitted by law. I consent to such examination and tests and I request that the examining doctor disclose to DAEOC the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test and, if I am hired, a condition of my employment will be that I abide by DAEOC's Drug and Alcohol Policy, Work Rules and Personnel Policies and Procedures. DAEOC retains the right to revise its policies and procedures manual in whole or in part at any time. This application for employment shall be considered active for a period of six months. Any applicant wishing to be considered for employment beyond this time period should complete a new application.

I understand that I must complete a 90-day introductory period before any benefits will take effect. After that time, benefits may be offered as outlined in the Personnel Policies and Procedures current at that time.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Applicant's Signature: _____ Date: _____
(Application not valid unless signed)

RETURN APPLICATION TO: DAEOC, HUMAN RESOURCE DEPARTMENT, 99 SKYVIEW ROAD,
PORTAGEVILLE, MO 63873 - OR FAX TO: 573-379-2175.