



# ATTENDING Angels CHILDREN'S CENTER

## APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION:			
Last name:	First name:	Middle initial:	SSN:
Previously Used Names:			
Date of Birth:			
Given Names:			
HOME ADDRESS: (Street, P.O. Box, Apt. #)			
City, Town	State:	Zip:	
Home phone:	Cell:		
Emergency contact:	Phone		
E-MAIL ADDRESS			
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU REGISTERED WITH THE FAMILY CARE SAFETY REGISTRY (FCSR)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU REGISTERED WITH THE FAMILY CARE SAFETY REGISTRY (FCSR)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU CURRENTLY ON THE MISSOURI EMPLOYEE DISQUALIFICATION LIST? <input type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO.			
<b><u>If yes do not proceed, and inform the office.</u></b> Have you ever been arrested, convicted, pled guilty to, or are now facing charges for a felony or a misdemeanor including any suspended imposition of sentence, any suspended execution of sentence or any period of probation or parole? <input type="checkbox"/> yes <input type="checkbox"/> no if yes please explain			

[www.attendingangel.com](http://www.attendingangel.com)

130 HWY AB., ST. CLAIR, MO 63077

(636) 629-9980 (phone) (636) 629-8088 (fax) [attendingangels@sbcglobal.net](mailto:attendingangels@sbcglobal.net) (e-mail)



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### EMPLOYMENT DESIRED:

Position for which application is being made: (be specific)

I AM AVAILABLE TO WORK (Check All Applicable) \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_  
TEMPORARY \_\_\_\_\_ WEEKDAYS \_\_\_\_\_ WEEKENDS \_\_\_\_\_ MORNINGS \_\_\_\_\_ AFTERNOONS \_\_\_\_\_  
EVENINGS

Date Available:

Expected Compensation:

### EDUCATION: (High School, College, Trade Schools, and Other Education)

Highest Level of Education Attained:

Major Field Of Study:

Last Year Completed:

Did You Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

Second Level of Education Attained:

Major Field Of Study:

Last Year Completed:

Did You Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City, State, Zip Code

Third Highest Level Of Education Attained:

Major Field Of Study:

Last Year Completed:

Did You Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

School Name: School Address: (Street, P.O. Box) City, State, Zip Code

Other Education Attained:

Major Field Of Study:

Last Year Completed:

Did You Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

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## ATTENDING Angels CHILDREN'S CENTER

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City, State, Zip Code

**EMPLOYMENT HISTORY (List Most Recent First, Then Back. Include Any Military Service)**

**1. EMPLOYER NAME:** \_\_\_\_\_ **DATES OF EMPLOYMENT:**  
**JOB TITLE:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

EMPLOYER ADDRESS: (Street, P.O. Box) City, State, Zip Code

PHONE NUMBER

**STARTING COMPENSATION:** \_\_\_\_\_ **ENDING COMPENSATION:** \_\_\_\_\_

**SUPERVISOR'S NAME:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions and Advancements)**

**2. EMPLOYER NAME:** \_\_\_\_\_ **DATES OF EMPLOYMENT:**  
**JOB TITLE:** \_\_\_\_\_ **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

EMPLOYER ADDRESS: (Street, P.O. Box) City, State, Zip Code

PHONE NUMBER

**STARTING COMPENSATION:** \_\_\_\_\_ **ENDING COMPENSATION:** \_\_\_\_\_

**SUPERVISOR'S NAME:** \_\_\_\_\_ **REASON FOR LEAVING:** \_\_\_\_\_

**DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions and Advancements)**

**3. EMPLOYER NAME:** \_\_\_\_\_ **DATES OF EMPLOYMENT:** \_\_\_\_\_

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## ATTENDING Angels CHILDREN'S CENTER

<b>JOB TITLE:</b>	<b>FROM:</b> _____	<b>TO:</b> _____
<b>EMPLOYER ADDRESS: (Street, P.O. Box) City, State, Zip Code</b>		
<b>PHONE NUMBER</b>		
<b>STARTING COMPENSATION:</b>	<b>ENDING COMPENSATION:</b>	
<b>SUPERVISOR'S NAME:</b>	<b>REASON FOR LEAVING:</b>	
<b>DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions and Advancements)</b>		
<b>REFERENCES:</b> (List 3 Employment References (Persons) Not Related to You, Whom You Have Known For At Least One Year)		
Name, address, phone, years acquainted		
1.		
2.		
3.		

I Certify That the Facts Contained In This Application Are True And Complete, To The Best Of My Knowledge And I Understand That Any Falsified Statements Shall Be Grounds For Dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



*ATTENDING Angels CHILDREN'S CENTER*  
**NON-DISCRIMINATION POLICY  
& COMPLAINT PROCEDURE**

It is the policy of Attending Angels Children's Center to provide equal employment opportunity and to render services to all persons without regard to race, color, national origin, religion, sex, age or disability. No person shall be excluded from participation in, or be denied the benefits of any service, or be subject to discrimination in employment or services because of race, color, national origin, religion, sex, age or disability.

If you believe you have been denied equal employment opportunity or a benefit of service because of your race, color, national origin, religion, sex, age, or disability; you may file a complaint of discrimination with the Office Administrator at the following address and phone number:

**Attending Angels Children's Center**  
12130 HWY AB, St. Clair, MO 63077  
(636)629-9980 [attendingangels@sbcglobal.net](mailto:attendingangels@sbcglobal.net)

If you choose to file your complaint in writing, please include your name, address, telephone number, and a brief description of what occurred which led you to believe you were discriminated against. In this way the appropriate person may respond to your complaint.

You may also file a complaint by contacting either of the agencies listed below.

Department of Social Services  
Office for Civil Rights  
PO Box 1527  
Jefferson City, MO 65102  
(573) 751-9092  
(800) 776-8014 or  
(800) 877-6916 (TDD)

Department of Health and Human Services  
Office for Civil Rights  
601 East 12<sup>th</sup> Street  
Kansas City, MO 64106  
(816) 426-7277

You will not be intimidated, harassed, threatened, or suffer any penalty because you file a complaint. Any penalty or reprisal against you or any other involved person(s) is prohibited by law.



# ATTENDING Angels CHILDREN'S CENTER

## APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE

Attending Angels Children's Center will use the information authorized for release by this document only for employment purposes and only within the allowances of the law. You will not be employed until the following has been completed by us: Family Care Safety Register, if you are not registered yet, Worker's Registration Request, Screening Request, and check if you are on The Employee Disqualification List. By signing this authorization and consent, you agree as follows:

I, \_\_\_\_\_, SSN \_\_\_\_\_ please list

Previous/Alias Family Name and Given Names (If applicable) \_\_\_\_\_

Please list all previous SSN (if applicable) \_\_\_\_\_

I authorize Attending Angels Children's Center, Missouri Department of Elementary and Secondary Education, MO Department of Health and Senior Services, Missouri State Board of Nursing, and other employment screening services as may be employed, to retrieve and release information from all government agencies, facilities of past employment, and law enforcement agencies at the federal, state, or county level, or from individuals providing such information. The information received may include, but not be limited to, criminal history. I understand that a consumer report may be prepared summarizing this information.

I authorize disclosure of all criminal convictions, finding of guilt, pleas of guilty, and please of nolo contendere except minor traffic offenses.

I authorize pre-employment criminal record check.

I authorize a disclosure of a closed records check to a closed records check pursuant to Section 610.120, RSMo.

I authorize Attending Angels Children's Center, Missouri Department of Elementary and Secondary Education, Missouri Department of Health and Senior Services, Missouri State Board of Nursing, and other employment screening services as may be employed, and any of their agents or designated representatives, to disclose orally, electronically and in writing, the results of their verification process and/or interviews, to the designated authorized representatives of the Company.

I do hereby forever discharge Attending Angels Children's Center, Missouri Department of Elementary and Secondary Education, Missouri Department of Health and Senior Services, State Board of Nursing, and other employment screening services as may be employed, and their associates, to the full extent permitted by the law, from damages, losses, liabilities, costs and expenses, or charges of complaint filed with any agency, arising from the retrieving and reporting of said information.

I hereby certify that all of the statements and answers set forth in the Employment Application form are true and complete to the best of my knowledge; and I understand that if, subsequent to employment, any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for termination of my employment.

A photocopy of this authorization shall be deemed as an original.

Name (last, first, middle) : \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ SSN \_\_\_\_\_

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