

Ronald McDonald House Charities® of Mid-Missouri

EMPLOYMENT APPLICATION



RONALD MCDONALD
HOUSE CHARITIES
MID-MISSOURI

We appreciate your interest in Ronald McDonald House Charities of Mid-Missouri. We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, gender, national origin, age, handicap or veteran status as provided by law.

WE ARE A SMOKE-FREE AND DRUG-FREE WORKPLACE

GENERAL INFORMATION

LAST NAME, FIRST MIDDLE			
CURRENT ADDRESS		CITY	STATE ZIP
PERMANENT ADDRESS		CITY	STATE ZIP
TELEPHONE NUMBER ()	TELEPHONE NUMBER ()	E-MAIL ADDRESS	
ARE YOU ABOVE THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO			
POSITION DESIRED			
HOW DID YOU HEAR OF THIS POSITION?			
HAVE YOU EVER BEEN CONVICTED FOR ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN.			
<p>A conviction will not necessarily bar you from employment. The nature or seriousness of the conviction, along with your entire work history, education history and the position for which you are applying will be considered.</p>			

EDUCATION / SKILLS

NAME OF SCHOOL	ADDRESS	COURSE OF STUDY
HIGH SCHOOL		
VOCATIONAL/TECHNICAL		
COLLEGE/UNIVERSITY		
NURSING SCHOOL		
OTHER		
SPECIAL COURSES, SKILLS, TRAINING OR EXPERIENCE ACQUIRED (INCLUDE MILITARY TRAINING IF APPLICABLE):		

Ronald McDonald House Charities of Mid-Missouri

1001 East Stadium Boulevard | Columbia, MO 65201 | 573.443.7666 | www.rmhcmidmo.org

OFFICE SKILLS

<input type="checkbox"/> TYPING (WPM) _____ <input type="checkbox"/> PERSONAL COMPUTER
IDENTIFY SOFTWARE WITH WHICH YOU ARE FAMILIAR:
POSSESS A WORKING KNOWLEDGE OF:
OTHER GENERAL OFFICE SKILLS, PLEASE LIST:

EMPLOYMENT HISTORY

Starting with your most recent employer, list all positions for the past 10 years and account for periods of unemployment. Please list significant experience if more than 10 years ago. Resumes are welcome; however, completion of the application is required. Incomplete applications will not be considered. Additional sheets are available if needed. Please list from most recent.

EMPLOYER	YOUR POSITION TITLE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	DESCRIBE YOUR RESPONSIBILITIES
ADDRESS	DATES EMPLOYED (FROM/TO) /	STARTING SALARY
CITY STATE ZIP	NAME OF SUPERVISOR	ENDING SALARY
PHONE NUMBER	SUPERVISOR'S TITLE	REASON FOR LEAVING
EMPLOYER	YOUR POSITION TITLE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	DESCRIBE YOUR RESPONSIBILITIES
ADDRESS	DATES EMPLOYED (FROM/TO) /	STARTING SALARY
CITY STATE ZIP	NAME OF SUPERVISOR	ENDING SALARY
PHONE NUMBER	SUPERVISOR'S TITLE	REASON FOR LEAVING
EMPLOYER	YOUR POSITION TITLE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	DESCRIBE YOUR RESPONSIBILITIES
ADDRESS	DATES EMPLOYED (FROM/TO) /	STARTING SALARY
CITY STATE ZIP	NAME OF SUPERVISOR	ENDING SALARY
PHONE NUMBER	SUPERVISOR'S TITLE	REASON FOR LEAVING
EMPLOYER	YOUR POSITION TITLE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	DESCRIBE YOUR RESPONSIBILITIES
ADDRESS	DATES EMPLOYED (FROM/TO) /	STARTING SALARY
CITY STATE ZIP	NAME OF SUPERVISOR	ENDING SALARY
PHONE NUMBER	SUPERVISOR'S TITLE	REASON FOR LEAVING
PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY: FROM _____ TO _____: FROM _____ TO _____:		
HAVE YOU EVER USED OR BEEN EMPLOYED BY ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT NAME(S)?		
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN.		

Ronald McDonald House Charities of Mid-Missouri

1001 East Stadium Boulevard | Columbia, MO 65201 | 573.443.7666 | www.rmhcmidmo.org

REFERENCES

Please give three references (not relatives or persons previously listed) who are acquainted with your training or activities during the past five years. If recent college graduate, professors and faculty advisors in your field of concentration are particularly helpful.

NAME	ADDRESS	CITY	STATE	TELEPHONE	OCCUPATION	TIME KNOWN

REMARKS

1. Please explain your interest in this position.
2. Make any comments you feel are important to your application.

The responses given above are true and correct. I have not withheld any fact which might adversely affect my application and I understand that any omissions of fact or false or misleading statements will be considered just cause for immediate dismissal, no matter when discovered. I agree that all former employers, or any other persons, may furnish any member of Ronald McDonald House Charities of Mid-Missouri with all information regarding my character and qualifications and I release all such employers and persons from any liability regarding the provision or use of such information. I understand that if I am offered employment, I may be required to successfully complete a job-related medical examination. I will also provide such documents as required by "the Immigration Reform and Control Act of 1986."

Signature _____ Date _____

Ronald McDonald House Charities of Mid-Missouri

1001 East Stadium Boulevard | Columbia, MO 65201 | 573.443.7666 | www.rmhcmidmo.org

Missouri State Highway Patrol / Missouri Department of Social Services
REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - \$9.00 (Criminal record, child abuse, or neglect, central registry search) <input type="checkbox"/> (3) Fingerprint Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
---	--

IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)					
MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE	
ALIAS NAME(S)	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE /		
ADDRESSES FOR PAST 5 YEARS					
STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?
 YES (Complete section below) NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?
 YES (Complete section below) NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> CD CONTRACT PROVIDER
<input type="checkbox"/> CD LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

<p style="text-align: center;">COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">AGENCY NAME</td></tr> <tr><td style="padding: 5px;">ATTENTION</td></tr> <tr><td style="padding: 5px;">ADDRESS</td></tr> <tr><td style="padding: 5px;">CITY, STATE, ZIP CODE</td></tr> </table>	AGENCY NAME	ATTENTION	ADDRESS	CITY, STATE, ZIP CODE	<p>SEND FEE & FORM TO:</p> <p>Missouri State Highway Patrol Criminal Records and Identification Division P.O. Box 9500 Jefferson city, MO 65102</p>
AGENCY NAME					
ATTENTION					
ADDRESS					
CITY, STATE, ZIP CODE					