

Application for Employment

Blue Sky Community Services LLC

2245 Old Toll Rd, Jackson, Mo 63755

Phone 573-204-9097, Fax 855-313-1583

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____ Position applied for _____

Last name _____ First name _____ Middle name _____

Street _____ City _____ State _____ ZIP _____

Telephone(s) _____ Social Security # _____

How did you hear of this opening? _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Seeking full-time employment? Yes No if no, what hours are you available? _____

Are you willing to work swing shift? Yes No Did you receive all your childhood immunizations? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

Explain _____

Education	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Training	_____			

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Employment History (Start with most recent employer)

(1) Company Name _____

Address _____ Telephone _____

Date Started _____ Date Ended _____ Starting Wage _____ Ending Wage _____

Starting Position _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

(2) Company Name _____
Address _____ Telephone _____
Date Started _____ Date Ended _____ Starting Wage _____ Ending Wage _____
Starting Position _____ Ending Position _____
Name of Supervisor _____ May we contact? Yes No
Responsibilities _____
Reason for leaving _____

(3) Company Name _____
Address _____ Telephone _____
Date Started _____ Date Ended _____ Starting Wage _____ Ending Wage _____
Starting Position _____ Ending Position _____
Name of Supervisor _____ May we contact? Yes No
Responsibilities _____
Reason for leaving _____

Attach additional resume and cover letter, if applicable for the position.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____

*****Will need to copy your driver's license**

Blue Sky use only below this line.

