

GENDER: (Please check one of the options below)

_____ Male

_____ Female

RACE/ETHNICITY: (This is voluntary to be used for record keeping only)

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

___ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

___ Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

___ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

___ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

___ Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Education

School	Name and Address of School	Course of Study	Years Completed	Did you graduate
High School				
Undergraduate				
Graduate/				
Other				

Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, age, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Starting/Present Job Title		
Supervisor		
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Starting/Present Job Title		
Supervisor		
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Starting/Present Job Title		
Supervisor		
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Do you have any experience working with older adults? Describe:

List professional, trade, business or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i>

Additional Information
Other Qualifications <i>Summarize special job-related skills and qualifications acquired from employment or other experience</i>
Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ Yes _____ No

Personal/Professional References (Do not include family members or past supervisors) Please include at least two professional references.			
Name	Phone Number	Best Time To Call	Occupation
1.			
2.			
3.			

As evidenced by my signature below I understand and agree to the following:

A health certificate from a physician may be required at a later time if you are hired.

Proof of employment eligibility status will be required.

Employment is at the will of Care Connection. Employment may be terminated at any time with proper notification by either party.

Care Connection is an Equal Opportunity Employer. Care Connection does not discriminate on the basis of sex, race, national origin, creed, age, martial status or disability in its programs, services or employment practices.

Code of Ethics

- Care Connection For Aging Services personnel will exhibit the highest ethical standards and personal integrity.
- Care Connection For Aging Services personnel will provide a professional work environment that is free from physical, psychological, written, or verbal intimidation or harassment.
- Care Connection for Aging Services will not physically, sexually, or emotionally abuse or neglect a minor or adult.
- Care Connection For Aging Services will share concerns about suspicious or inappropriate behavior with their supervisor or administrator.
- Care Connection For Aging Services will report any suspected abuse or neglect of a minor or adult to the state authorities.
- Care Connection For Aging Services will accept their personal responsibility to protect minors and adults from all forma of abuse.

I hereby authorize Care Connection to obtain information pertaining to any charges and/or convictions I may have had for federal and state criminal law violations. This information will include but not be limited to allegations and convictions for crimes committed upon minors and will be gathered from any law-enforcement agency of this state or any state or federal government, to the extent permitted by state and federal law.

Signed _____ Date _____

Social Security or Identification Number _____

Driver's License Number _____

State of Issuance _____ Expiration Date _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature of Applicant _____

Date _____

Care Connection for Aging Services

P.O. Box 1078 - 106 W. Young

Warrensburg, Missouri 64093

660-747-3107



Revised 01/2020