



DISABLED AMERICAN VETERANS
State Department of Missouri
EMPLOYMENT APPLICATION

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Employer: Disabled American Veterans, Department of Missouri
Address: 413 W. Hickory
City/State/Zip: Kirksville, MO 63501-1307
Telephone: (660)627- 0328

It is the policy of Disabled American Veterans, Department of Missouri to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Name: _____
Address: _____
City/State/Zip: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Social Security Number: _____

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/Zip: _____
Daytime phone: _____ Evening phone: _____

Job Position Applied For: _____

Referral Source: Who referred you to this organization?

Have you applied to our company previously? _____ Yes _____ No
If yes, when? _____

How will you get to work? _____

Driver's License Number: _____

What state issued your license? _____

If you are offered employment, when would you be available to begin work?

Are you legally eligible for employment in the United States? _____ Yes _____ No

Are you able to perform the essential functions of the job position with or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you require?

Applicant Employment History: List your current or most recent employment first.

Employer Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

13. Applicant's Education and Training: List your education and training.

High School Name and Address

Last Grade? _____ 9 _____ 10 _____ 11 _____ 12 Diploma? _____ Yes _____ No

College Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree received: _____

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

Applicant's Skills: List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

<u>Skill</u>	<u>Years of Experience</u>	<u>Ability or Rating</u>				
_____	_____	1	2	3	4	5
_____	_____	1	2	3	4	5

References: List any two people who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Relationship: _____

Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences immediate termination.

I authorize Disabled American Veterans, Department of Missouri to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by the State Adjutant, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of Disabled American Veterans, Department of Missouri, except in a specific written contract of employment signed on behalf of the organization by its State Adjutant, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE