



**723 PCA Road  
Warrensburg, MO 64093**

**EMPLOYMENT APPLICATION**

We sincerely appreciate your interest in Johnson County Community Health Services and we want to give full consideration to your application. Please help us by giving a complete and clear statement of your background. We are an Equal Opportunity Employer and do not discriminate on the basis of race, national origin, religion, age, sex, color or physical disability. The application form is designed to obtain an applicant's skills, knowledge and abilities based on specific job requirements.

\*\*\*\*\*Office Use Only\*\*\*\*\*

Position applying for: \_\_\_\_\_

Date Received \_\_\_\_\_

**PERSONAL**

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Social Security # (Optional)

\_\_\_\_\_  
Present Mailing Address

\_\_\_\_\_  
Telephone Numbers  
(Where you can be contacted regarding employment)

\_\_\_\_\_  
Home Telephone

**EDUCATION**

High School or General Education Development (GED) Test Passed? Yes \_\_\_\_ No \_\_\_\_  
Highest Grade Completed 10 \_\_\_\_ 11 \_\_\_\_ 12 \_\_\_\_

\_\_\_\_\_  
School Location (City and State)

Post High School Training (College, Business School, Military, Etc) Attach additional sheets if needed.

Name	Location	Credits Earned	Degree/Date	Major or Minor

Indicate Semester Hours College Credit in these Areas: Nutrition \_\_\_\_ Biological Sciences \_\_\_\_  
Accounting \_\_\_\_ Business Administration \_\_\_\_ Computer Science/Information \_\_\_\_ Social Work \_\_\_\_  
Agriculture \_\_\_\_ Chemistry \_\_\_\_ Journalism \_\_\_\_ Psychology \_\_\_\_ Sociology \_\_\_\_ Education \_\_\_\_  
Other \_\_\_\_\_

**CREDENTIALS/LICENSE/CERTIFICATION**

Registered or Licensed Profession \_\_\_\_\_ (State, Number and Date) \_\_\_\_\_

Certification (State, Number and Date) \_\_\_\_\_

Other Credentials (State, Number and Date) \_\_\_\_\_

**SKILLS**

What office equipment can you operate efficiently? \_\_\_\_\_

List Software at which you are Proficient: \_\_\_\_\_

Other: Keyboarding (\_\_\_\_ WPM) Dictaphone \_\_\_\_ Medical Terminology \_\_\_\_ Ten Key \_\_\_\_

Accounting \_\_\_\_ Other \_\_\_\_\_

**REFERENCES**

Give Names of Three Persons, Preferably Business or Professional, as References (Not Relatives or Employees)

Full Name	Street City State and Phone	Occupation or Business

**EMPLOYMENT HISTORY**

(List ALL past employers. Attach additional sheet if necessary.)

Present or Last employer: \_\_\_\_\_ Position \_\_\_\_\_

May we contact? Yes \_\_\_\_ No \_\_\_\_

Address \_\_\_\_\_

Street

City

State

ZIP

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Hours per week \_\_\_\_\_

Last rate of Pay \_\_\_\_\_ Your name while with this employer \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Describe the duties you performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

=====

**EMPLOYMENT HISTORY CONTINUED**

Previous employer: \_\_\_\_\_ Position \_\_\_\_\_

May we contact? Yes \_\_\_ No \_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Hours per week \_\_\_\_\_

Last rate of Pay \_\_\_\_\_ Your name while with this employer \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Describe the duties you performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous employer: \_\_\_\_\_ Position \_\_\_\_\_

May we contact? Yes \_\_\_ No \_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Hours per week \_\_\_\_\_

Last rate of Pay \_\_\_\_\_ Your name while with this employer \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Describe the duties you performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you authorized to work in the U.S.? Yes \_\_\_ No \_\_\_  
Do you have relatives employed at JCCHS? Yes \_\_\_ No \_\_\_ Relationship \_\_\_\_\_  
Have you resided in Missouri for the last five years? Yes \_\_\_ No \_\_\_

**Johnson County Community Health Services (JCCHS)  
Family Care Safety Registry (FCSR)**

The FCSR was established to provide a method to obtain background screening information maintained by various state agencies from a single source. Missouri law requires regulated health care employers under contract with the Department of Health and Senior Services (DHSS) to obtain background screenings prior to hiring an employee. JCCHS policy requires a criminal background check with the Missouri State Highway Patrol on all individuals employed by the JCCHS. Additionally, individuals providing Home Health Care must register with the FCSR. Individuals whose name appears on any of the background lists maintained by the FCSR may apply for a Good Cause Waiver, except if listed on the Employee Disqualification list maintained by the DHSS. Employment is conditional pending results of the required criminal background and FCSR checks. The JCCHS will explain and assist applicants in meeting compliance with required laws.

Are you listed with the FCSR?      Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_  
If not, are you willing to register?      Yes \_\_\_\_ No \_\_\_\_  
Do you have an approved FCSR Waiver of Good Cause?      Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_

The undersigned has applied to provide services to JCCHS. I, therefore, consent to the JCCHS conducting a criminal background check and records review as well as requesting the DHSS to inform the provider if my name appears on its employee Disqualification List. I understand this information will not be further disclosed other than for the purpose of my application, and that the provider may refuse to hire or engage me based on the results of its inquiries. I specifically, as a condition of my application, release the provider from any liability associated with its lawful inquiry or use of information obtained as a result of its inquiries. I further state that I am not listed on the Employee Disqualification List and that I have not been convicted of or pled guilty to (including any suspended imposition or execution of sentence or any period of probation or parole) any misdemeanor or felony except as follows:

Date	Nature of Misdemeanor or Felony	Location of Court Where Matter Occurred

I understand all statements will be verified and that the making of a false statement herein, or the omission of any material fact, may result in non-hire or in my immediate discharge. I certify that the information I have furnished is correct and complete to the best of my knowledge and belief with the understanding that it may be subject to verification with former employers and other persons. I understand and agree that misrepresentation, falsification or omission may be considered sufficient cause for rejection or dismissal if employed. I understand that if employed I will be subject to a probationary period of 180 days which can, at the employer’s discretion, be extended. During the probationary period, employment may be terminated without notice at any time and for any reason. I further understand that the terms, conditions, compensation, benefits, hours, schedule and rate of employment (whether set forth in the JCCHS personnel manual or not) may be determined, changed and modified from time to time as a result of the staffing needs of the Agency without limitation or condition. I agree, if employed, to abide by JCCHS policies.

I authorize my past employers to supply any information they have concerning my work performance or me during my association with them and release them from all liability in connection therewith.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_