



Employment Application

GreatLife KC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should a representative of the organization.

Please print and fill out all sections:

Applicant Information

Applicant Name (First Name/Last Name) _____

Home Phone _____ Cell Phone _____

Email Address _____

Current Street Address _____

City _____ State _____ Zip _____

How were you referred to GreatLifeKC? _____

Employment Positions

Position applying for _____

Are you're applying for:

- Temporary work (Summer or Holiday) Yes _____ No _____
- Regular part-time work? Yes _____ No _____
- Regular full-time work? Yes _____ No _____

What days and hours are you available to work? _____

If applying for temporary work, when will you be available? _____

If hired, on what date can you start working? _____/_____/_____

Can you work weekends? Yes _____ No _____

Can you work evenings? Yes _____ No _____

Are you available to work overtime? Yes _____ No _____

Salary desired \$ _____

Personal Information

Have you ever applied to or worked for GreatLife KC before? Yes _____ No _____

If yes, please explain (include date) _____

Do you have any friends, relatives, or acquaintances working for GreatLife KC? Yes _____ No _____

If yes, state name & relationship _____

If hired, would you have transportation to and from work? Yes _____ No _____

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Yes _____ No _____

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes _____ No _____

If hired, are you willing to submit to and pass a controlled substance test? Yes _____ No _____

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes _____ No _____

If no, describe the functions that cannot be performed -

Do you have any physical defects or condition, which preclude or limit your ability to perform the particular job for which you are applying? Yes _____ No _____

If yes, describe such defect or condition and specific work limitations. Employer may request a doctor's release _____

(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes _____ No _____

If yes, please describe the crime – state nature of the crime(s), when and where convicted and disposition of the case _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training, and Experience

High School:

School Name: _____ City, State: _____

Number of years completed _____

Did you graduate? Yes _____ No _____ Diploma earned? Yes _____ No _____

College / University:

School Name: _____ City, State: _____

Number of years completed _____

Did you graduate? Yes _____ No _____ Degree / Diploma earned? Yes _____ No _____

Vocational School:

School Name: _____ City, State: _____

Number of years completed _____

Did you graduate? Yes _____ No _____ Degree / Diploma earned? Yes _____ No _____

Additional Information

Do you speak, write or understand any foreign languages? Yes _____ No _____

If yes, describe which language(s) and how fluent of a speaker you consider yourself to be

Do you have any other experience, training, qualifications, or skills which you fell should be brought to our attention, in the case that they make you especially suited for working with us? Yes _____ No _____

If yes, please explain _____

Employment History

Are you currently employed? Yes _____ No _____

If you are currently employed, may we contact your current employer? Yes _____ No _____

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer _____

Name of Supervisor _____

Telephone Number _____ Business Type _____

Address _____ City / State / Zip _____

Length of Employment _____ Reason for Leaving _____

Position & Duties _____

May we contact this employer for references? Yes _____ No _____

Name of Employer _____

Name of Supervisor _____

Telephone Number _____ Business Type _____

Address _____ City / State / Zip _____

Length of Employment _____ Reason for Leaving _____

Position & Duties _____

May we contact this employer for references? Yes _____ No _____

Name of Employer _____

Name of Supervisor _____

Telephone Number _____ Business Type _____

Address _____ City / State / Zip _____

Length of Employment _____ Reason for Leaving _____

Position & Duties _____

May we contact this employer for references? Yes _____ No _____

Name of Employer _____

Name of Supervisor _____

Telephone Number _____ Business Type _____

Address _____ City / State / Zip _____

Length of Employment _____ Reason for Leaving _____

Position & Duties _____

May we contact this employer for references? Yes _____ No _____

References

List below two persons who have knowledge of your work performance within the last two years. Please include professional references only.

Name (First, Last) _____

Telephone Number _____

Address _____ City / State / Zip _____

Occupation _____ Number of years acquainted _____

Name (First, Last) _____

Telephone Number _____

Address _____ City / State / Zip _____

Occupation _____ Number of years acquainted _____

In Case of Emergency

In case of accident or illness please contact: Name _____

Daytime Phone _____ Relationship _____

Address _____ City / State / Zip _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by e are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on the application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature _____

Date _____