

APPLICATION FOR EMPLOYMENT

Carpenter Place, 1501 N. Meridian, Wichita, KS 67203

Prospective employees will receive consideration without illegal discrimination because of race, color, sex, age, ancestry, national origin, disability, or veteran status.

PERSONAL

Last Name	First Name	Middle	Date
Street Address			Home Telephone (____) ____ - ____
City	State	Zip	
Position Desired			
<p>Have you ever been convicted of a crime?</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No If "Yes", describe in detail.</p>			
<p>* A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, the seriousness and nature of the violation, and the applicant's rehabilitation will be considered in the hiring decision. However, failure to pass a Kansas Bureau of Investigation background check will prevent employment.</p>			
Special training or skills (languages, machine operations, etc.)			

EDUCATION

School	Name and Location of School	Course of Study	Did You Graduate?	Degree or Diploma
High School				
Business/Trade Technical				
College				
Graduate				

MILITARY

Did you serve in the U. S. Armed Forces?

Yes No

If "Yes", describe any training received relevant to the position for which you are applying.

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name	Telephone () -
Address	Employment Dates (month/yr) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone () -
Address	Employment Dates (month/yr) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone () -
Address	Employment Dates (month/yr) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone () -
Address	Employment Dates (month/yr) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Membership in Professional or Civic Organizations

(Exclude those that may disclose your race, color, religion, national origin, or disability.)

--

Which job did you enjoy most? Why?

How did you learn about MCCH?

Why do you want to work here?

Are you aware of any reason you cannot perform the functions of the job for which you are applying?
If "Yes", describe such reasons.

REFERENCES

Name	Phone #	Title	City	State
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

******* At least 2 references must be from your present congregation,
one of which needs to be from an Elder or Minister.**

READ CAREFULLY BEFORE SIGNING

In signing and submitting this application for employment to Maude Carpenter Children's Home, I clearly understand and agree: (1) I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that any omission, misrepresentation, or falsification of information made herein or in any interviews is grounds for refusal to employ me or my dismissal if I am employed; (2) I authorize the references listed above, schools and current and past employers to give MCCH any and all information concerning my previous employment and any information they may have, personal or otherwise, and I release all parties from all liability for any damage or claim that may result from furnishing the same to MCCH; (3) If I am employed, I agree to abide by the rules, regulations and policies of MCCH, and understand that my employment is at-will and that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either MCCH or myself; (4) I understand that no representative of MCCH, other than the President or designee, has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing; (5) I understand that my continued employment depends upon my satisfactorily passing a Motor Vehicle Report and Kansas Bureau of Investigation check; (6) I understand that MCCH is a drug-free workplace and that I may be subject to drug testing to ensure the safety and well-being of the children.

Signature _____

Date _____

Print Name _____

Social Security Number _____

Driver's License Number _____

****** Please include a copy of your social security card and driver's license.**