



**Central Missouri Subcontracting Enterprises (CMSE)
and
Giving Gardens**

4040 S. BEARFIELD RD. COLUMBIA, MO 65201
573-442-6935, FAX 573-499-0586

APPLICATION FOR EMPLOYMENT

Date of Application:

Applicants Full Name:

Address:

City, State, Zip:

Telephone:

NAME AND ADDRESS OF SOMEONE TO CONTACT IN CASE OF EMERGENCY:

Name:

Address:

City, State, Zip:

Telephone:

POSITION YOU ARE APPLYING FOR:

OFFICE PERSONNEL **MANAGEMENT** **SUPERVISOR** **CERTIFIED WORKSHOP EMPLOYEE**

RATE OF PAY EXPECTED:

ARE YOU CURRENTLY EMPLOYED OR UNDER CONTRACT?

WHY DO WANT TO WORK AT CMSE?

LIST ANY CIVIC OR PROFESSIONAL ORGANIZATIONS THAT YOU BELONG TO:

LIST LEISURE TIME ACTIVITIES:

HAVE YOU EVER FAILED TO BE RE-EMPLOYED?

IF SO, WHERE AND STATE REASON:

ARE YOU A VETERAN:

RANK:

BRANCH/ MILITARY SERVICE

TYPE OF DISCHARGE

REASON FOR LEAVING:

A less than honorable discharge will not be an absolute bar to employment, but will be considered in relation to specific job requirements.

DO YOU HAVE WORKERS COMPENSATION PRE-EXISTING CONDITION WAIVER SIGNED AND APPROVED BY STATE REGULATION AUTHORITIES ON FILE PRIOR TO HIRING?

DO YOU HAVE ANY PHYSICAL, MENTAL OR MEDICAL IMPAIRMENT OR DISABILITY WHICH WOULD LIMIT YOUR ABILITY TO PERFORM THE PARTICULAR JOB THAT YOU ARE APPLYING FOR?

EDUCATION

NAME AND ADDRESS OF HIGH SCHOOL ATTENDED:

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DATE OF GRADUATION OR HIGHEST GRADE ATTENDED:

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UNDERGRADUATE OR POST SECONDARY TRAINING

SCHOOL/UNIVERSITY

LOCATION	DATES ATTENDED	MAJOR/COURSE OF STUDY	HOURS
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CUMULATIVE G.P.A.:

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FURTHER INFORMATION WHICH MAY STRENGTHEN YOUR APPLICATION. PLEASE LIST TEACHING CERTIFICATES, STATE/NATIONAL LICENSES, SPECIAL TRAININGS OR SKILLS, LANGUAGES SPOKEN:

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EMPLOYMENT HISTORY

Please list present and past paid employment, beginning with your most recent. Do not leave gaps in employment.

Company:

Street Address:

City, State, Zip:

Phone including area code:

Position Held:

Salary (Indicate hourly or Monthly)

Dates Employed: To: From:

Name of Supervisor:

Describe your duties:

Reason for Leaving:

Company:

Street Address:

City, State, Zip:

Phone including area code:

Position Held:

Salary (Indicate hourly or Monthly)

Dates Employed: To: From:

Name of Supervisor:

Describe your duties:

Reason for Leaving:

Company:

Street Address:

City, State, Zip:

Phone including area code:

Position Held:

Salary (Indicate hourly or Monthly)

Dates Employed: To: From:

Name of Supervisor:

Describe your duties:

Reason for Leaving:

Use additional paper if needed.

May we contact the employers listed: If not, please indicate which ones (s) you do not wish us to contact:

PERSONAL REFERENCES (PLEASE LIST 3) *References cannot be family members*

Name: Phone:

Relationship: How long have they known you?:

Name: Phone:

Relationship: How long have they known you?:

Name: Phone:

Relationship: How long have they known you?:

I certify that all answers given on this application to be true and complete. I hereby authorize and all former employers and personal references to furnish Central Missouri Subcontracting Enterprises any and all information related to my past work performance, including but not limited to evaluations of my abilities to perform the duties of the position for which I have applied.

Applicant Signature

Date

