## APPLICATION for EMPLOYMENT

## TALL OAKS CONFERENCE CENTER 12778 189<sup>TH</sup> STREET

Please type or print in ink.

This form must be completed entirely to receive full consideration.

12778 189<sup>TH</sup> STREET LINWOOD, KS. 66052 913-301-3004

PERMANENT PHONE: EMAIL:  MAY WE CALL YOU AT WORK? YES NO PHONE #:  POSITIONS DESIRED: 1  2  WHEN CAN YOU START WORK? MINIMUM SALARY REQUIRED?  HAVE YOU EVER WORKED FOR TALL OAKS BEFORE? YES NO. EXPLAIN WHEN AND IN WHAT CAPACITY IF YES	
PRESENT ADDRESS:  PRESENT PHONE:  PERMANENT ADDRESS:  PERMANENT PHONE:  PERMANENT PHONE:  PERMANENT PHONE:  PERMANENT PHONE:  POSITIONS DESIRED:  1.  2.  WHEN CAN YOU START WORK?  MINIMUM SALARY REQUIRED?  HAVE YOU EVER WORKED FOR TALL OAKS BEFORE?  YES NO. EXPLAIN WHEN AND IN WHAT	
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CAPACITY IF YES	
ARE YOU BETWEEN THE AGES OF 17 AND 70? YES NO. IF NO LIST AGE:	
ARE YOU A CITIZEN OF THE UNITED STATES YES NO. IF NO LIST COUNTRY:	
IF YOU ARE NOT A U.S. CITIZEN, DO YOU HAVE THE LEGAL RIGHT TO SECURE EMPLOYMENT IN THE U.S.? NO.	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO. IF YES, GIVE DATE, AND DISPOSITION OF EACH CONVICTION BELOW:	
HAVE YOU EVER BEEN CHARGED WITH CHILD OR SEXUAL ABUSE? IF YES, EXPLAIN:	
EMPLOYMENT HISTORY: List most recent first. Must be completed or with an added resume.	
May we contact your employer? YES NO.	
1. Company:	
2. Company:	
Supervisor: Phone #: Reason for leaving:	
3. Company: Duties: Salary:	
Supervisor: Phone #: Reason for leaving:	

## EDUCATION: HIGH SCHOOL: \_\_\_\_\_ DATES: \_\_\_\_\_ GRAD. DATE: \_\_\_\_ COLLEGE OR TRADE SCHOOL: \_\_\_\_\_ DATES: \_\_\_\_ \_\_\_\_\_DATE: DEGREE: COLLEGE OR TRADE SCHOOL: \_\_\_\_\_ DATES: \_\_\_\_ DEGREE: \_\_\_\_\_ \_\_\_\_\_DATE: \_\_\_\_\_ COLLEGE OR TRADE SCHOOL: \_\_\_\_\_ DATES: \_\_\_\_ DEGREE: \_\_\_\_\_ DATE: \_\_\_\_\_ LIST OTHER TRAINING OR CERTIFICATION THAT WOULD PERTAIN TO YOUR EMPLOYMENT: HAVE YOU SERVED IN THE MILITARY? \_\_\_\_ YES \_\_\_\_ NO. IF YES LIST BRANCH OF SERVICE, DUTIES, AND DUTY DATES: \_\_\_\_ REFERENCES: Please list three references which may be contacted. References should be persons who are NOT related to you and have known you for at least one year. Ministers, teachers, and etc. make good references. E: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_ NAME: KNOWN IN WHAT CAPACITY? E: \_\_\_\_\_ADDRESS: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_EVENING PHONE: \_\_\_\_\_ NAME: KNOWN IN WHAT CAPACITY? E: \_\_\_\_ADDRESS: \_\_\_\_EVENING PHONE: \_\_\_\_\_EVENING PHONE: \_\_\_\_\_\_EVENING PHONE: \_\_\_\_\_\_EVENING PHONE: \_\_\_\_\_\_EVENING PHONE: \_\_\_\_\_\_EVENING PHONE: \_\_\_\_\_\_EVENING PHONE: \_\_\_\_\_\_\_EVENING PHONE: \_\_\_\_\_\_\_EVENING PHONE: \_\_\_\_\_\_\_\_EVENING PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME: DO YOU SMOKE OR USE TOBACCO? \_\_\_\_ YES \_\_\_\_ NO DO YOU USE ILLEGAL DRUGS? YES NO DO YOU ABUSE THE USE OF ALCOHOL? YES NO ON A SEPARATE SHEET OF PAPER: BRIEFLY DESCRIBE WHAT QUALIFIES YOU FOR THIS POSITION? WHY YOU WANT TO WORK AT TALL OAKS? I hereby authorize Tall Oaks to investigate my work record, quaifications, references, and to also do a background check on me. I certify that all statements made in this application are true, and understand that any misrepresentations would result in dismissal. I agree, that if hired, I would submit to a health physical and/or drug testing if requested by Tall Oaks Administration. I also agree to fill out Tall Oaks Health and Personal Information form if hired. If hired, I understand that my employment and compensation can be terminated, with or withour cause, and with or without notice, at anytime, at the option of either the company or myself. SIGNATURE: DATE: