



**JOB POINT**  
**400 WILKES BLVD.**  
**COLUMBIA, MO 65201**  
**573-474-8560**  
**FAX 573-474-8575**  
**WWW.JOBPOINTMO.ORG**

A-002  
Rev.4/25

## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

Job Point is an equal opportunity employer and does not discriminate in regards to employees or applicants for employment. No person will be discriminated against in employment because of race, religion, color, gender, age, national origin, disability, sexual orientation, veteran status, marital status, ancestry, familial status (housing), pregnancy, genetic information, gender identity, childbirth and related medical conditions, transgender status, National origin (including limited English proficiency political affiliation or belief.

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_  
LAST FIRST MIDDLE

Are you eligible to work in the United States? ☐ Yes ☐ No

Present Address \_\_\_\_\_  
STREET CITY STATE ZIP

How long have you lived at the present address? \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Previous Address \_\_\_\_\_  
STREET CITY STATE ZIP

Dates you lived at the previous address? \_\_\_\_\_

Are you 18 years or older? ☐ Yes ☐ No Email Address \_\_\_\_\_

For what position(s) are you applying? \_\_\_\_\_

Type of Employment: ☐ Full-time ☐ Part-time ☐ Temporary ☐ Summer

What date are you available for employment? \_\_\_\_\_ Desired salary range? \_\_\_\_\_

Were you previously employed by this Company? ☐ Yes ☐ No Termination Date: \_\_\_\_\_

How were you referred to Job Point? ☐ Walked in ☐ Newspaper ☐ Website ☐ Other \_\_\_\_\_

### EDUCATIONAL HISTORY

	NAME, CITY, STATE	MAJOR COURSE OR SUBJECT	GRADUATE		DEGREE
			YES	NO	
High school					
Technical/trade					
College(s)					

Current Licenses if applicable to position (including driver's license) or certificates held (specify kind, state, and expiration dates):

\_\_\_\_\_

Special Skills (including software programs):

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Indicate most recent position first.

Name of Present or Most Recent Employer			Address		
Starting Date	Leaving Date	Salary Beginning \$ ____ per ____ Salary Final \$ ____ per ____ hrs/wk <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Employer			Address		
Starting Date	Leaving Date	Salary Beginning \$ ____ per ____ Salary Final \$ ____ per ____ hrs/wk <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Employer			Address		
Starting Date	Leaving Date	Salary Beginning \$ ____ per ____ Salary Final \$ ____ per ____ hrs/wk <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Employer			Address		
Starting Date	Leaving Date	Salary Beginning \$ ____ per ____ Salary Final \$ ____ per ____ hrs/wk <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	
Job Duties:					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**PROFESSIONAL REFERENCES**

Give the names of three persons not related to you, whom you've known or worked with in a professional capacity.

<i>Name</i>	<i>Address and Telephone Number</i>	<i>Years Known</i>	<i>Occupation</i>

**Applicant's Statement**

I hereby certify that all information on this application is correct and complete to the best of my knowledge. I agree to have the statements verified by Job Point, unless I have indicated to the contrary. I understand that falsification or omission of any material information on this application may be considered cause for immediate dismissal. If employed, I agree to abide by all policies and procedures established by Job Point. I further understand that Job Point reserves the right to change, interpret, withdraw, or add to its rules, regulations, policies, benefits, or terms and conditions of employment at its sole discretion without prior notice. I understand that Job Point follows an "employment at will" policy, and that I or Job Point may terminate my employment at any time, for any reason consistent with applicable state or federal law. I understand that nothing on this application is intended to create or imply a contractual relationship. I further understand that this form does not indicate that there are any available positions and does not obligate Job Point to offer me employment. I understand that if I am hired, I must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in employment offer withdrawal or termination of employment. I understand that Job Point will thoroughly investigate my work and background and verify all data given on this application and in interviews. I authorize all individuals, schools, and present and past employers, except as indicated previously, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**VOLUNTARY SELF-IDENTIFICATION FOR APPLICANTS  
(CONFIDENTIAL - FOR STATISTICAL USE ONLY)**

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Completion of this data is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application.

**PLEASE COMPLETE IN FULL:**

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_

**Gender:** I identify as ☐ Male ☐ Female ☐ Other

**Disability:** ☐ No ☐ Yes

**Limited English Proficiency:** ☐ No ☐ Yes

**Veteran:** ☐ No ☐ Yes

**RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- ☐ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.