

**INITIAL INDEPENDENCE, INC.**  
**APPLICATION FOR EMPLOYMENT**  
Active for Sixty (60) Days

**DATE OF APPLICATION:** \_\_\_\_\_

**PLEASE PRINT**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First MI Maiden (if applicable)

Present Address \*: \_\_\_\_\_  
(Street Number, P.O. Box) City ST ZIP How Long At This Address

\* If less than 24 months at the above address; please list previous addresses below:

Previous Address: \_\_\_\_\_  
(Street Number, P.O. Box) City ST ZIP How Long At This Address

Previous Address: \_\_\_\_\_  
(Street Number, P.O. Box) City ST ZIP How Long At This Address

Previous Address: \_\_\_\_\_  
(Street Number, P.O. Box) City ST ZIP How Long At This Address

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Are you at least age 18? \_\_\_ Yes \_\_\_ No

Check one:

\_\_\_ I am a U.S. Citizen. Social Security Number: \_\_\_\_\_

\_\_\_ I have the right to work in the United States. INS Number: \_\_\_\_\_

Position(s) applied for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Rate of pay expected \_\_\_\_\_ How soon could you report to work? \_\_\_\_\_

Type of employment: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ PRN (as needed)

What days can you work? (Circle) Mon Tues Wed Thurs Fri Sat Sun

What shift (s) can you work? \_\_\_\_\_  
First Second Third

Do you have obligations that might interfere with working your schedule? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Have you ever been dismissed or asked to resign from any employment? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_ Yes \_\_\_ No

Have you had any of the following?

- 2 or more accidents in last 3 yrs \_\_\_ No \_\_\_ Yes \_\_\_\_\_
- More than 5 moving violations in last 5 yrs \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Provide Details

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Have you ever worked for TRI-I before? \_\_\_ Yes \_\_\_ No If yes, dates of employment, office, and job title: \_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_ Graduated \_\_\_ GED \_\_\_ Date Earned \_\_\_\_\_  
Circle last year completed 9 10 11 12

College/University \_\_\_\_\_ Degree: \_\_\_\_\_ Date Earned: \_\_\_\_\_

Post Graduate \_\_\_\_\_ Degree: \_\_\_\_\_ Date Earned: \_\_\_\_\_

**FOUR PERSONAL REFERENCES**

(References may **NOT** be related to you; **ONE** reference must have known you for at least 5 years)

1. Name \_\_\_\_\_

Relationship to you \_\_\_\_\_ Years known \_\_\_\_\_

Telephone # (Day) \_\_\_\_\_ Telephone # (Night) \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to you \_\_\_\_\_ Years known \_\_\_\_\_

Telephone # (Day) \_\_\_\_\_ Telephone # (Night) \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship to you \_\_\_\_\_ Years known \_\_\_\_\_

Telephone # (Day) \_\_\_\_\_ Telephone # (Night) \_\_\_\_\_

4. Name \_\_\_\_\_

Relationship to you \_\_\_\_\_ Years known \_\_\_\_\_

Telephone # (Day) \_\_\_\_\_ Telephone # (Night) \_\_\_\_\_

### WORK HISTORY

(Please describe work experience **for the last 5 years** beginning with the most recent)

1.	Name of <b>CURRENT</b> Employer	Phone Number
	We may contact your current employer (check one) <input type="checkbox"/> Now <input type="checkbox"/> After	Conditional Offer of Employment.
	Job Title	Date Hired
	Reason for Leaving	Date Left
	Starting Pay	Final Pay
2.	Name of Employer	Phone Number
	Job Title	Date Hired
	Reason for Leaving	Date Left
	Starting Pay	Final Pay
3.	Name of Employer	Phone Number
	Job Title	Date Hired
	Reason for Leaving	Date Left
	Starting Pay	Final Pay
4.	Name of Employer	Phone Number
	Job Title	Date Hired
	Reason for Leaving	Date Left
	Starting Pay	Final Pay
5.	Name of Employer	Phone Number
	Job Title	Date Hired
	Reason for Leaving	Date Left
	Starting Pay	Final Pay
6.	Name of Employer	Phone Number
	Job Title	Date Hired
	Reason for Leaving	Date Left
	Starting Pay	Final Pay

Please explain ALL breaks in employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initial Independence, Inc. is an Equal Opportunity Employer and selects the best matched individual for the job based upon job related qualifications regardless of race, color, creed, sex, age, national origin, handicap, or other protected group under state and federal equal opportunity laws.

**I understand and agree:**

1. Initial Independence, Inc. will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, and/or oral interviews. I authorize such investigation and the exchange of information requested by Initial Independence, Inc. and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
2. With appropriate consent(s), I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job for which I am being considered.
3. After a conditional offer of employment has been made with Initial Independence, Inc., I further understand and agree:
  - to take a medical examination and/or drug screening by a qualified physician at the discretion of my employer;
  - that, although management makes every effort to accommodate individual preferences and religious beliefs, business needs, at times, may require overtime, shift work, rotating work schedules and locations, holiday work, or a work schedule other than Monday through Friday;
  - that this is an application for employment and that no employment contract is offered or implied;
  - that if I become employed, such employment is for no definite period of time and that Preferred Alternatives may change wages, benefits and conditions of employment at any time;
  - if hired, I agree to submit my fingerprint for the time clock system; and,
  - if hired, I may be asked to sign a non-compete contract under company policy.
4. I further agree to maintain confidentiality for information regarding service recipients and employees of Tri-I. I understand violations of these rules may result in justification for refusal of employment, criminal prosecution, civil penalties, disciplinary action and/or termination of employment from TRI-I.

I have read, understand, and agree to the above conditions.

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Signature

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Date

Referred By: \_\_\_\_\_

(How did you hear about TRI-I?)

**Initial Independence, INC.**

**I authorize Tri-I to conduct the following:**

- contact all personal and professional references identified on this application;
- perform a driver’s license check on the DMV website prior to possible employment, and if hired, annually or as needed basis thereafter, to ensure my driver's license is valid; and,
- check the MISSOURI Abuse, Felony and Sexual Offender Registries and DMRS Substantiated Investigation Search.

**PROVIDER STAFF PROTECTION FROM HARM STATEMENT**

I certify and affirm that to the best of my knowledge and belief I (check one):

\_\_\_\_\_ **Have(if you know you have a substantiated case of abuse, neglect, mistreatment, exploitation)**

\_\_\_\_\_ **Have Not**

had or received a finding of a substantiated case of abuse, neglect, mistreatment, or exploitation against me. In order to verify this affirmation, I further release and authorize Initial Independence, Inc. to have full and complete access to any and all current or prior personnel or investigative records that pertain to any substantiated allegations against me of abuse, neglect, mistreatment, or exploitation.

**CONSENT TO DRUG SCREENING**

I consent to a drug screening as terms of my possible employment with this company. Further, I understand that:

- I may be subject to random drug screening at any given time during my employment;
- failure to comply with the drug screening program may be cause for disciplinary action, up to and including termination; and,
- a positive drug screening may be cause for termination or denial of employment.

I am currently certified in the following training:

\_\_\_\_\_ CPR (Adult)

\_\_\_\_\_ Medication Administration

\_\_\_\_\_ First Aid

\_\_\_\_\_ MANT

\_\_\_\_\_ Core Training

\_\_\_\_\_ Other Trainings \_\_\_\_\_

I have had a TB Skin Test / Statement / Chest X-ray within last 12 months.

\_\_\_ Yes \_\_\_ No

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date