

**TRI-RIVERS FAMILY PLANNING, INC. (TRFP)**

**APPLICATION  
FOR  
EMPLOYMENT**

**IT IS OUR POLICY TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITIES TO ALL QUALIFIED PERSONS WITHOUT REGARD TO RACE, AGE, GENDER, SEXUAL ORIENTATION, RELIGION, NATIONALITY, DISABILITY OR MARITAL STATUS.**



## AVAILABILITY

**PLEASE CHECK SCHEDULE AVAILABILITY:**

I am available and desire to work FULL-TIME (40 hours) and have no restrictions on my availability.  
(If you have restrictions, complete Section B.)

I am available and desire to work PART-TIME  
( Please complete Sections A and B).

A. I am only available for PART-TIME because:  Student  Other Job  Other \_\_\_\_\_

B. I am available for the following days and times: \_\_\_\_\_

WAGE EXPECTED

DATE AVAILABLE FOR WORK

## EMPLOYMENT HISTORY

**BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY).**

1. Employer: \_\_\_\_\_ Employed from: Mo \_\_\_\_ Yr \_\_\_\_ to Mo \_\_\_\_ Yr \_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

May we contact this employer for a reference?  Yes  No Telephone: (\_\_\_\_) \_\_\_\_\_

Name & title of last supervisor: \_\_\_\_\_ Last Salary \_\_\_\_\_

Your current or last position and duties: \_\_\_\_\_

Title of other position(s) held: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Employed from: Mo \_\_\_\_ Yr \_\_\_\_ to Mo \_\_\_\_ Yr \_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

May we contact this employer for a reference?  Yes  No Telephone: (\_\_\_\_) \_\_\_\_\_

Name & title of last supervisor: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Your current or last position and duties: \_\_\_\_\_

Title of other position(s) held:

\_\_\_\_\_

Reason(s) for leaving:

\_\_\_\_\_

3. Employer: \_\_\_\_\_ Employed from: Mo \_\_\_\_ Yr \_\_\_\_ to Mo \_\_\_\_ Yr \_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

May we contact this employer for a reference?  Yes  No Telephone: (\_\_\_\_) \_\_\_\_\_

Name & title of last supervisor: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Your current or last position and duties: \_\_\_\_\_

\_\_\_\_\_

Title of other position(s) held:

\_\_\_\_\_

Reason(s) for leaving:

\_\_\_\_\_

4. Employer: \_\_\_\_\_ Employed from: Mo \_\_\_\_ Yr \_\_\_\_ to Mo \_\_\_\_ Yr \_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

May we contact this employer for a reference?  Yes  No Telephone: (\_\_\_\_) \_\_\_\_\_

Name & title of Last Supervisor: \_\_\_\_\_ Last Salary: \_\_\_\_\_

\_\_\_\_\_

Your current or last position and duties:

\_\_\_\_\_

Title of other position(s) held:

\_\_\_\_\_

Reason(s) for leaving:

\_\_\_\_\_

<b>ADDITIONAL EXPERIENCE OR QUALIFICATIONS</b>
List any other experience, skills or other qualifications which you believe should be considered in evaluating your qualifications for employment.

**ATTENDANCE AND PUNCTUALITY INFORMATION**

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything that would interfere with your regular attendance and punctuality if you were offered a job with the company?

YES  NO

If Yes, please explain \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CURRENT DRIVER LICENSE REQUIREMENT**

Possessing a current driver license is an essential requirements of every job with this company. Do you have a current driver license?

YES  NO

**PERSONAL OR BUSINESS REFERENCES**

(attach additional sheet if necessary)

<b>NAME and OCCUPATION</b>	PHONE (work)
	PHONE (home)
ADDRESS	RELATIONSHIP
CITY AND STATE (ZIP)	HOW LONG KNOWN
<b>NAME and OCCUPATION</b>	PHONE (work)
	PHONE (home)
ADDRESS	RELATIONSHIP
CITY AND STATE (ZIP)	HOW LONG KNOWN
<b>NAME and OCCUPATION</b>	PHONE (work)
	PHONE (home)
ADDRESS	RELATIONSHIP
CITY AND STATE (ZIP)	HOW LONG KNOWN

***Please read and Initial Each Paragraph, then Sign Below***

*I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the*

*best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used can be grounds for rejection of my application or, if I am employed by TRFP, terms for my immediate expulsion from employment.*

\_\_\_\_\_ ⇐ Initials

*I understand that if I am employed, my employment is not guaranteed for any specific duration.*

\_\_\_\_\_ ⇐ Initials

*I give permission to TRFP to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release TRFP, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.*

\_\_\_\_\_ ⇐ Initials

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If returning by mail, the address is:

TRFP

P.O. Box 359

Rolla, MO 65402