

JEFFCO SUBCONTRACTING, INC.
2065 POMME RD.
ARNOLD, MO. 63010
636-296-6211

APPLICATION FOR EMPLOYMENT

Date: _____

Name of Applicant: _____

Address: _____
Street or Box # City State & Zip Code

Date of Birth: _____ Social Security #: _____

Phone #: _____ Alternate Phone #: _____

Names & Dates of Schools & Training Programs Applicant Has Attended:

Previous Employment Experience (includes prior workshop or volunteer experience):

Please List Any Program Applicant Is Presently Enrolled In:

Type of Developmental Disability: _____

Physical Limitations (standing, lifting): _____

Does Applicant Have a Service Coordinator? Yes/No

If Yes, Name of Service Coordinator: _____

Does Applicant Have a Legal Guardian? Yes/ No

If yes, Guardian Name, Address, & Phone #:

Additional Comments:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

DATE _____ SIGNATURE _____

The mission of JSI is to provide a safe, dignified, and stable work environment for individuals with developmental disabilities and deliver quality products to our customers.

Consent to Release Confidential Information for Employment

I, _____, hereby authorize the following information to be disclosed to JSI.

- Transcripts of Diagnosis of Developmental Disability
- Prior Employers' Reference Check
- Alcohol/Drug Check
- Background Check
- Service Coordination ISP
- Vocational Rehabilitation Reports

Please note: Our agency attempts to make application decisions as quickly as possible from the date of application. Your immediate response to the above request for transcripts is necessary for employment.

I understand that my records are confidential and are protected by Federal Regulation and/or State law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance to the release.

I also authorize that a photocopy of this consent form will be fully acceptable as an original and will be utilized for information from multiple sources.

Applicant's Signature _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Maiden Name (if applicable): _____

Guardian/Witness Signature: _____ Date: _____