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Kansas City, MO 64109

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Application for Employment

Our policy is to provide equal opportunity to all qualified applicants and employees without regard to race, color, religion, national origin, sex, age, disability, veteran status, or other condition as legally required, as well as to implement affirmative action towards applicants and employees as legally required.

Date of Application: _____

PERSONAL

Last Name: _____ First _____ Middle _____

Street Address _____ Phone: (____) _____

City, State, Zip: _____ County: _____

Emergency Contact: _____ Emergency Phone:(____) _____

Social Security No.: _____ Date available for employment: _____

Position applied for: _____

Minimum acceptable salary: \$ _____ Are you at least 18 years of age? Yes ___ No ___

How were you referred for employment here? _____

Have you ever been employed with us? Yes ___ No ___ If yes: Month and Year _____

Part Time? Yes ___ No ___ Full Time? Yes ___ No ___ Overtime? Yes ___ No ___

What hours can you work? _____

Are you legally eligible for employment in the United States? _____

Are you able to perform all essential functions of the job for which you are applying with or without reasonable accommodations? Yes ___ No ___

Have you ever been convicted of, or pleaded guilty to, any criminal offense other than minor traffic violations? Yes ___ No ___

(
A conviction record does not necessarily bar you from employment; factors such as the age and the time of the offense, the nature and seriousness of the violation, and rehabilitation will be taken into account.)

If yes, please specify the circumstances of the conviction: _____

Have you been involved in a substantiated child abuse case? Yes ___ No ___

If yes, please specify the circumstances: _____

EDUCATION

<u>Name of School(s)</u>	<u>Address</u>	<u>Area of Study</u>	<u>Graduate?</u>
High School/GED			
College			
College			
Business, Trade or Technical School			

Are you now attending school? Yes ____ No ____

Name of School, Major, and Current Schedule: _____

MILITARY (Complete this section if you served in the U.S. Armed Forces)

Have you been in U.S. Military service? Yes ____ No ____ If so, when _____?

Describe your duties and any special training: _____

EMPLOYMENT HISTORY (Your employment record must account for all time in the last five years. If different from your present name, please write in the margin the name under which you were employed by each. Use the back of this paper if necessary or attach a resume.)

A. Company name of last employer: _____

1. Address _____ City _____ State _____ Zip _____
2. Telephone () _____ Supervisor name: _____
3. Date started (month, year): _____ Date left (month, year): _____
4. Start pay rate: \$ _____ per ____ Final pay rate: \$ _____ per _____
5. Position held and responsibilities: _____
6. Why did you leave? _____

B. Company name of last employer: _____

1. Address _____ City _____ State _____ Zip _____
2. Telephone () _____ Supervisor name: _____
3. Date started (month, year): _____ Date left (month, year): _____
4. Start pay rate: \$ _____ per ____ Final pay rate: \$ _____ per _____
5. Position held and responsibilities: _____
6. Why did you leave? _____

- C. Company name of last employer: _____
1. Address _____ City _____ State _____ Zip _____
 2. Telephone () _____ Supervisor name: _____
 3. Date started (month, year): _____ Date left (month, year): _____
 4. Start pay rate: \$ _____ per _____ Final pay rate: \$ _____ per _____
 5. Position held and responsibilities: _____
 6. Why did you leave? _____

- D. Company name of last employer: _____
1. Address _____ City _____ State _____ Zip _____
 2. Telephone () _____ Supervisor name: _____
 3. Date started (month, year): _____ Date left (month, year): _____
 4. Start pay rate: \$ _____ per _____ Final pay rate: \$ _____ per _____
 5. Position held and responsibilities: _____
 6. Why did you leave? _____

May we contact the employers listed above? Yes _____ No _____

If No, please explain: _____

List any other skills or experiences which you feel would qualify you for employment with Operation Breakthrough: _____

Have you ever worked in any facility providing care/education/recreation for children?
Yes _____ No _____

If yes, is the facility listed on the previous page? Yes _____ No _____

If not listed on the previous page, please answer questions 1 through 4 below.

1. What was the name of the facility? _____
2. What was your position? _____
3. What were your dates of employment? _____
4. Who was your supervisor? _____

Do you have relatives or friends (other than your spouse) working for Operation Breakthrough?

Yes _____ No _____ If Yes, please list the names and relation of those persons: _____

REFERENCES:

1. Name: _____

Address _____ City _____ State _____ Zip _____

Telephone () _____ Email: _____

How do you know this individual: _____

2. Name: _____

Address _____ City _____ State _____ Zip _____

Telephone () _____ Email: _____

How do you know this individual: _____

3. Name: _____

Address _____ City _____ State _____ Zip _____

Telephone () _____ Email: _____

How do you know this individual: _____

4. Name: _____

Address _____ City _____ State _____ Zip _____

Telephone () _____ Email: _____

How do you know this individual: _____

PLEASE READ CAREFULLY

In signing and submitting this application to Operation Breakthrough, I clearly understand and agree: (1) I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that omission, misrepresentation or falsification of information is grounds for refusal to employ me or my dismissal if I am employed; (2) I authorize the references listed above, schools and current and past employers to give Operation Breakthrough any and all records and information concerning my previous employment and any information they may have, personal or otherwise, and I release all parties from all liability for any damage or claim that may result from furnishing the same to Operation Breakthrough; (3) if I am employed, I agree to abide by the rules, regulations and policies of Operation Breakthrough and my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at the option of either Operation Breakthrough or myself; (4) I understand that no representative of Operation Breakthrough, other than the Director of Operation Breakthrough, has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing; (5) I declare that I have never been convicted of a felony or any felony convictions have been disclosed on this application.

Signature _____ Date: _____