

Upon completion of your application, click "Submit PDF" below to email your application to Christian Community Homecare.



**APPLICATION FOR EMPLOYMENT
CHRISTIAN COMMUNITY HOMECARE**

A ministry of St. Thomas/Holy Spirit Lutheran Church
3980 S. Lindbergh Blvd.
St. Louis, MO 63127
Phone: (314) 843-9673 Fax: (314) 849-2617 Email: home-care@swbell.net

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

_____/_____/_____
Last Name First Name Middle Name Date

Street Address Home Telephone: (____)____-_____

City, State Cellphone (____)____-_____

Have you ever applied for employment with us? _____ - _____ - _____
Yes No If yes, month and year _____ Social Security # _____

Position Desired _____ Expected Pay _____

What hours are you available for work? _____

Are you eligible for employment in the United States? Yes No When will you be available to begin work? _____

Have you ever been convicted of a crime? Yes No If yes, when? _____

Locations you are available to work (counties, cities, etc.) _____

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree Diploma
High School					
College					
Business/Trade/Technical					

MEMBERSHIPS IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those, that may disclose your race, color, religion or national origin).

Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name	(____) _____ - _____ Telephone Number
Address	Employed (state month and year)
Name of Supervisor	From: To:
State Job Title and Describe Work:	Weekly Pay
Reason for Leaving	Start: Last:
May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	(____) _____ - _____ Telephone Number
Address	Employed (state month and year)
Name of Supervisor	From: To:
State Job Title and Describe Work:	Weekly Pay
Reason for Leaving	Start: Last:
May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	(____) _____ - _____ Telephone Number
Address	Employed (state month and year)
Name of Supervisor	From: To:
State Job Title and Describe Work:	Weekly Pay
Reason for Leaving	Start: Last:
May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____	____ / ____ / ____
Name	Date

Christian Community
HEMOCARE 

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I, _____ authorize Christian Community Homecare
to obtain all necessary background information from previous employers.

Name

____/____/____
Date

PERSONAL REFERENCES

Please do not include relatives. List three individuals familiar with your background and work ability.
If we experience difficulty in contacting the individuals listed, we will call you for additional references.

NAME	TELEPHONE NUMBER	HOW DO YOU KNOW THIS PERSON?	NUMBER OF YEARS KNOWN

For office use only
REFERENCE CHECK

Employer	Person Contacted	Results