

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:  
chris@christiancommunityhomecare.org

*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.

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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	

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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	

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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	

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**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
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*Christian Community*  
**HEMOCARE** 

A ministry of St. Thomas/Holy Spirit Lutheran Church  
3980 S. Lindbergh Blvd. St. Louis, MO 63127  
Phone: (314) 843-9673

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