



Date \_\_\_\_\_

Position Applied for \_\_\_\_\_

### Employment Application

#### APPLICANT INFORMATION

|   |                              |   |
|---|------------------------------|---|
| Last Name                               | First                        | M.I.  |
| Street Address                          | Apartment/Unit #             |   |
| City                                    | State                        | ZIP   |
| Phone                                   | E-mail Address               |   |
| Date Available                          | Desired Salary               |   |
| Have you ever worked for this company?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> If so, when?    |
| Were you referred to us by an employee? | YES <input type="checkbox"/> | NO <input type="checkbox"/> If so, by whom? |

#### EDUCATION

Highest level of education attained?

#### REFERENCES

Please list three **professional** references.

|           |              |
|-----------|--------------|
| Full Name | Relationship |
| Company   | Phone        |
| Address   |              |
| Full Name | Relationship |
| Company   | Phone        |
| Address   |              |
| Full Name | Relationship |
| Company   | Phone        |
| Address   |              |

#### MERIT SYSTEM EXAMINATIONS

List all positions for which you have passed merit system examinations.

- 1.
- 2.
- 3.
- 4.

#### CERTIFICATIONS

If you are currently certified, registered or licensed to practice your profession or occupation, give name of association or licensing authority, and certification registration or license number.

**PREVIOUS EMPLOYMENT**

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact this employer for a reference? YES  NO

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Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact this employer for a reference? YES  NO

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Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact this employer for a reference? YES  NO

**MILITARY SERVICE**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
If other than honorable, explain \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

Butler County Health Department is an Equal Opportunity Employer.

We do not discriminate on the basis of race, color, gender, pregnancy, national origin, religion, religious practices, age genetics, AIDS/HIV, off duty tobacco usage and disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job – related factors.

I certify that all information provided in this employment application is true and complete. I understand that any falsifications made in this application may disqualify me from any further consideration for interviews and or employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment will remain active for 1 year (12 months). You must renew your application after that time period to be considered for other job openings.



**MISSOURI STATE HIGHWAY PATROL  
REQUEST FOR CRIMINAL RECORD CHECK**

SHP-158R 08/16

PLEASE PRINT OR TYPE.

**GENERAL INFORMATION**

**APPLICANT'S** LAST NAME FIRST MIDDLE JR / SR

**MAIDEN / ALIAS** LAST NAME FIRST MIDDLE JR / SR

SEX  MALE  FEMALE      DATE OF BIRTH (MM/DD/YYYY)      SOCIAL SECURITY NUMBER      RACE  BLACK  WHITE  INDIAN  ASIAN  OTHER

ADDRESS STREET - P.O. BOX CITY STATE ZIP CODE

**TYPE OF RECORD CHECK — PROCESSING FEE — METHOD OF PAYMENT**

(per Sections 43.527 and 43.530, RSMo.)

- \$13.00 NAME SEARCH**  
Based on NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER.  
Response will be returned with all open records and records of conviction.
- \$20.00 FINGERPRINT SEARCH**  
 Open Records  
 Open and Closed Records
- \$2.00 NOTARY LETTER**

Fee is payable either by check or money order (NO CASH) to "State of Missouri, Criminal Record System Fund."  
***Either the Date of Birth OR Social Security Number MUST be provided for processing.***  
For faster processing criminal record checks are available online at: [www.machs.mo.gov](http://www.machs.mo.gov)

Please forward the request and fee to:  
**Missouri State Highway Patrol  
Criminal Justice Information Services Division  
Post Office Box 9500  
Jefferson City, MO 65102**

**MSHP / CENTRAL REPOSITORY RESPONSE**

**SEND REPLY TO** (Print or type your mailing label below.)

Telephone (include area code) (573) 785-8478

Butler County Health Department

1619 North Main Street

Poplar Bluff, MO 63901



# PERSONAL REFERENCES CHECKS

## Reference Request Release

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I, the above applicant at Butler County Health Department, hereby authorize the release of any and all information relating to my employment, character, and general reputation to Butler County Health Department. I further release and hold harmless any provider of information and Butler County Health Department from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released will be held in strict confidence, **only** those involved in the hiring decision will have access to the information. No other individual, including myself, will be granted access to the information. I authorize the use of a photocopy of this release in lieu of the original authorization.

Applicant's Signature: \_\_\_\_\_

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Applicant DO NOT write below this line

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### TO BE COMPLETED BY PERSON PROVIDING REFERENCE

The above applicant listed you either as a personal reference or prior employer. The applicant has released you from any and all liability with the signature above. Please be assured that any information your supply about this applicant will be held in strict confidence.

Name of Company: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Job title: \_\_\_\_\_

Reason for leaving employment: \_\_\_\_\_

Eligible for rehire? \_\_\_\_\_

Please rate the following areas on a scale of 1 to 5, where 1 represents poor and 5 represents excellent.

Dependability: \_\_\_\_\_

Initiative: \_\_\_\_\_

Punctuality: \_\_\_\_\_

Character/ Honesty: \_\_\_\_\_

Flexibility: \_\_\_\_\_

Adaptability: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

## Disclosure to Employment Applicant Regarding Procurement of a Consumer Report

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In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized in the attached pages. By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

### Applicant's Authorization and Release

I hereby authorize Butler County Health Department to obtain consumer reports about me as described above for the purpose of qualifying me for employment, and I release Butler County Health Department as well as all other entities from which the consumer reports are obtained from any claim or liability related to obtaining, compiling or releasing such reports. I also agree that this authorization and release will remain on file for the term of my employment and will serve as an ongoing authorization to obtain consumer reports related to my employment.

Full Name (Print):

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Social Security Number:

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Address:

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Street

---

City

State

Zip Code

Signature:

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Para informacion en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escriba a la Consumer Financial Protection Bureau, 1700 G Street, N.W., Washington, DC 20006.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is the summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street, N.W., Washington, DC 20006.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- o A person has taken adverse action against you because of information in your credit report;
- o You are a victim of identity theft and place a fraud alert in your file;
- o Your file contains inaccurate information as a result of fraud;
- o You are on public assistance;
- o You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every twelve (12) months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within thirty (30) days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven (7) years old, or bankruptcies that are more than ten (10) years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

| TYPE OF BUSINESS:   | CONTACT:  |
|---|---|
| 1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.<br>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:   | a. Consumer Financial Protection Bureau<br>1700 G Street, NW<br>Washington, DC 20552<br>b. Federal Trade Commission: Consumer Response Center – FCRA<br>Washington, DC 20580<br>(877) 382-4357  |
| 2. To the extent not included in item 1 above:<br>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks<br>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act<br>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations<br>d. Federal Credit Unions | a. Office of the Comptroller of the Currency<br>Customer Assistance Group<br>1301 McKinney Street, Suite 3450<br>Houston, TX 77010-9050<br>b. Federal Reserve Consumer Help Center<br>P.O. Box 1200<br>Minneapolis, MN 55480<br>c. FDIC Consumer Response Center<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106<br>d. National Credit Union Administration<br>Office of Consumer Protection (OCP)<br>Division of Consumer Compliance and Outreach (DCCO)<br>1775 Duke Street<br>Alexandria, VA 22314 |
| 3. Air carriers   | Asst. General Counsel for Aviation Enforcement & Proceedings<br>Aviation Consumer Protection Division<br>Department of Transportation<br>1200 New Jersey Avenue, S.E.<br>Washington, DC 20590   |
| 4. Creditors Subject to the Surface Transportation Board  | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>395 E Street, S.W.<br>Washington, DC 20423   |
| 5. Creditors Subject to the Packers and Stockyards Act, 1921  | Nearest Packers and Stockyards Administration area supervisor   |
| 6. Small Business Investment Companies  | Associate Deputy Administrator for Capital Access<br>United States Small Business Administration<br>409 Third Street, SW, 8th Floor<br>Washington, DC 20416   |
| 7. Brokers and Dealers  | Securities and Exchange Commission<br>100 F Street, NE<br>Washington, DC 20549  |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations  | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090   |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above   | FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA<br>Washington, DC 20580<br>(877) 382-4357  |