



APPLICATION FOR EMPLOYMENT

Resumes may be submitted along with, but are not accepted in lieu of a completed application

Print Last Name:	First:	Middle Initial:	Date of Application:
Home Address:		Cell Phone:	
City/State/Zip:		Alternate Phone:	
Have you ever worked for Nova Center, Inc. <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes" – Dates of Employment w/Nova Center:	
Type of Position(s) for which you are available: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/On-Call			
Mark all Shifts for which you are available: <input type="checkbox"/> Day Hours <input type="checkbox"/> Evenings <input type="checkbox"/> Over-Nights <input type="checkbox"/> Weekends			
Do you have any relatives employed by Nova Center, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Salary Desired:
If "Yes" please list their name(s):			
How did you hear about Nova Center?			
Do you give Nova Center express permission to contact your current employer, for the purpose of conducting a reference check? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide contact information:			
Name of Supervisor:		Name of Current Employer:	
Contact Address or Phone #:			
Nova Center uses Direct Deposit for payroll purposes exclusively. Therefore, as an employee of Nova Center you would be required to have a personal account or receive a paycard in lieu of a paper check.			
Will you accept this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you served in the U.S Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you now a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes" What Branch:			
Describe any training received relevant to the position for which you are applying:			
SKILLS			
Are you able to lift 50 lbs. to assist or physically redirect a person served? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid Driver's License and/or reliable transportation to work ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any current certifications which may be applicable to your employment with Nova Center, Inc. (I.e: 1 st Aid/CPR/AED or BLS certification, Level 1 Medication Aide training, Mant or PCI certification, etc.):			
List any other information which relates to your ability to perform the job for which you have applied such as; licenses, professional memberships, language skills, school achievements.. (Please omit any information indicating race, creed, color, gender, age, disability, national origin or other protected groups).			
EDUCATION – Please be aware that upon hire you will be required to provide proof of your highest level of education			
Indicate highest level of education completed from accredited institution: <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> College			
Name of School + City & State where you graduated: (A Copy of original diploma or Transcripts will be required upon hire)			
Total College Semester Hours (If Applicable)	Major	Degree Earned	

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EMPLOYMENT RECORD**Beginning with the MOST Current: Describe in detail all positions that you have had during the last ten (10) years, starting with most recent employment. Attach extra sheets if necessary.**

Employer – Name of Company:	Your Job Title:
Dates Employed: (Month & Year) From: To:	Describe Job Duties you Performed:
Supervisor – Name & Title:	
Employer Address – Including City/State/Zip:	
Reason for Leaving:	
Employer – Name of Company:	Your Job Title:
Dates Employed: (Month & Year) From: To:	Describe Job Duties you Performed:
Supervisor – Name & Title:	
Employer Address – Including City/State/Zip:	
Reason for Leaving:	
Employer – Name of Company:	Your Job Title:
Dates Employed: (Month & Year) From: To:	Describe Job Duties you Performed:
Supervisor – Name & Title:	
Employer Address – Including City/State/Zip:	
Reason for Leaving:	
Employer – Name of Company:	Your Job Title:
Dates Employed: (Month & Year) From: To:	Describe Job Duties you Performed:
Supervisor – Name & Title:	
Employer Address – Including City/State/Zip:	
Reason for Leaving:	

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AUTHORIZATION:
*** Please Read Carefully Before Signing ***
I understand that if I am offered a position in a program that requires me, as an employee, to transport people served as an essential job duty I will be required to provide Nova Center with a valid & current Driver's License. I may also be asked to provide proof of insurance, and a current driving record from MO DMV. Will you accept these conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No
I authorize Nova Center, Inc. to conduct a thorough investigation of all statements contained in this application and agree to cooperate in such investigation. I understand that misrepresentation or omission of facts called for may result in dismissal and rejection of this application.
I hereby authorize any current (unless otherwise indicated), previous employer, educational institutions, and any other person(s) giving references, and do hereby release the company, institution or any person from all liability whatsoever that might otherwise be incurred in furnishing such information. I hereby release Nova Center, Inc. and any former employers, educational institutions, and any other person(s) giving references free of liability for the exchange of this information as a result of such contact.
Signature of Applicant:

*** Please Read Carefully Before Signing ***
Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time-to-time, or other Company practices, shall serve to create an actual or implied contract of employment with Nova Center or otherwise to change in any respect the employer-employee 'at-will employment; relationship. The employer-employee 'at-will employment' relationship cannot be altered except by a written document signed by the Executive Director of Nova Center, Inc. Both the undersigned and Nova Center may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.
I also understand the Company has a Drug and Alcohol Policy that provides for pre-employment testing as well as testing after employment and my consent to and compliance with such policy is a condition of my employment. Continued employment is based on the successful passing of such tests if & when applicable.
I understand that to be employed I must be authorized to work in the United States, and must provide documents to prove this in accordance with Federal regulations.
The Fair Credit Report Act requires us to advise you that, in connection with our routine processing of your employment application, we may request from a consumer report agency an investigative consumer report including information contained in this application as to your character, general reputation, personal characteristics and mode of living such as a motor vehicle or driving history report. Furthermore, if essential for the position, upon hire Nova Center may require that you complete an application allowing Nova Center to conduct an Abuse/Neglect and background screening or criminal background checks in compliance with state and federal regulations, etc.
CERTIFICATION:
I certify that I have read, understand and agree to all the above. I also certify that all the information in this application is complete and accurate.
Signature of Applicant: _____ Date: _____

Thank you for completing this application form and for your interest in Nova Center, Inc.

Please Note:

This Application is good for 60 Days. If you have not heard from us within 60 days and still wish to be considered for employment, it may be necessary for you to complete a new application.

Nova Center, Inc. is an equal opportunity employer/program. Applicants for employment will receive consideration without discrimination because of race, color, religion, sex, national origin, citizenship, age, disability, veteran status or any other legally protected category.

AFFIRMATIVE ACTION

VOLUNTARY REQUEST FOR INFORMATION

All applicants are treated equally without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

Gender:

Male

Female

Race:

Black: All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture, regardless of race.

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

Native American: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. (Meets Bureau of Indian Affairs definition standards).

Other: _____

White (Or Not Covered Above)

Name of Applicant (**Optional**): _____

Date: _____