

## Missouri Valley Community Action Agency An Equal Opportunity Employer

Thank you for your interest in employment with Missouri Valley Community Action Agency (MVCAA). The application must be filled out entirely or it will not be considered, even if you attach a resume.

Generally, MVCAA has a large number of applications in the database. For each vacant position each application will be screened to determine if the applicant meets the minimum qualifications for the job and has the skills and abilities that are needed to fill the position. Those applicants who are most qualified will be called for interviews. If you are not given an interview, it simply means that there were applicants who had more experience or whose skills and abilities more closely met the requirements for the job. If you are called for an interview, you will receive a letter informing you of the interview results. If you are not interviewed, you will not receive further notification. All employment applications are kept for a period of one year. If it has been more than one year since you applied you must complete a new application. It is often to your benefit to complete a new application if you have gained experience that has enhanced your job skills even if you have an application on file.

You may return the completed application in person, mail, fax or email to:

Missouri Valley Community Action Agency  
Attn: HR Director  
1415 S Odell Ave  
Marshall, MO 65340  
Fax to: 660-886-5868  
Email to: [millerj@mvcaa.net](mailto:millerj@mvcaa.net) (mailto:millerj@mvcaa.net)

**PERSONAL:**

Position applying for:

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Second Position applying for:

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First Name:

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Middle Name:

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Last Name:

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Phone:

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Cell:

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Address:

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City:

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State:

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Zip Code:

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Email Address:

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Check all that you are interested in:

- Full Time
- Part Time
- Temporary

Are You Over Age 18?

- Yes
- No

Date Available To Start Work:

MVCAA has facilities in the following cities. Please check all locations that would be acceptable work sites.

- |                                    |                                      |                                       |                                      |
|------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Carrollton  | <input type="checkbox"/> Higginsville | <input type="checkbox"/> Knob Noster |
| <input type="checkbox"/> Lexington | <input type="checkbox"/> Marshall    | <input type="checkbox"/> Richmond     | <input type="checkbox"/> Salisbury   |
| <input type="checkbox"/> Sedalia   | <input type="checkbox"/> Warrensburg |                                       |                                      |

EDUCATION:

Did You:

- Graduate from High School
- Receive a GED Certificate

### High School

Name and Location of School:

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Academic Grade Level Completed:

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Course/Degree:

### College

Did You Go to College?

- Yes
- No

Name and Location of School:

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Academic Grade Level

Completed:

Did You Graduate?

Course/Degree:

Yes  No

### Other School

Name and Location of School:

Academic Grade Level

Completed:

Did You Graduate?

Course/Degree:

Yes  No

### GENERAL INFORMATION:

Check computer experience:

Word

Excel

PowerPoint

Database

Email

List skills or strengths:

\_\_\_\_\_

Are you bilingual?

Yes  No

If "Yes", please list language(s):

\_\_\_\_\_

Military Service (List Branch & Dates):

\_\_\_\_\_

If hired, can you provide written evidence that you are authorized to work in the U.S?

Yes  No

List volunteer work:

\_\_\_\_\_

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Are you a current or former Head Start or Early Head Start Parent?

Yes  No

Have you ever pled guilty, or no contest to, or been convicted of a felony?

Yes  No

If yes to the above question, please give dates, locations, and details:

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Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?

Yes  No

If yes to the above question, please give dates, locations, and details:

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Have you ever been terminated or asked to resign from a job?

Yes  No

If yes to the above question, please give details:

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Have you worked for MVCAA before?

Yes  No

If yes to the above question, give dates of employment, location, program, and job title:

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Have you volunteered at MVCAA?

Yes  No

If yes to the above question, please give details:

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Do you have any family members employed presently at MVCAA?

Yes  No

If yes to the above question, please list name and relationship:

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**EMPLOYMENT EXPERIENCE:**

Please list the five (5) most recent jobs. Start with the current or last job. Include armed forces services and self-employment information.

Company Name 1:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Dates Employed:

I am still at this company.

Dates Employed:

From:

To:

\_\_\_\_\_

\_\_\_\_\_

Rate of Pay (per hour or monthly):

Start:

Last:

\_\_\_\_\_

\_\_\_\_\_

Supervisor Name:

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Job Title and Description of Work:

Reason For Leaving:

Company Name 2:

Address:

Phone Number:

Dates Employed:

Rate of Pay (per hour or monthly):

Supervisor Name:

Job Title and Description of Work:

Reason For Leaving:

Company Name 3:

Address:

Phone Number:

Dates Employed:

Rate of Pay (per hour or monthly):

Supervisor Name:

Job Title and Description of Work:

Reason For Leaving:

Company Name 4:

Address:

Phone Number:

Dates Employed:

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From: \_\_\_\_\_ To: \_\_\_\_\_

Start: \_\_\_\_\_ Last: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_

Start: \_\_\_\_\_ Last: \_\_\_\_\_

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From: \_\_\_\_\_ To: \_\_\_\_\_  
 Start: \_\_\_\_\_ Last: \_\_\_\_\_

Rate of Pay (per hour or monthly):

Supervisor Name:

Job Title and Description of Work:

Reason For Leaving:

Company Name 5:

Address:

Phone Number:

Dates Employed:

From: \_\_\_\_\_ To: \_\_\_\_\_  
 Start: \_\_\_\_\_ Last: \_\_\_\_\_

Rate of Pay (per hour or monthly):

Supervisor Name:

Job Title and Description of Work:

Reason For Leaving:

Company Name 6:

Address:

Phone Number:

Dates Employed:

From: \_\_\_\_\_ To: \_\_\_\_\_  
 Start: \_\_\_\_\_ Last: \_\_\_\_\_

Rate of Pay (per hour or monthly):

Supervisor Name:

Job Title and Description of Work:

Reason For Leaving:

\_\_\_\_\_

\_\_\_\_\_

REFERENCES

List below the names of three persons not related to you (do not list former employers) and whom you have known for at least one year

Name:

Address:

Phone Number:

Email:

How long known?

Name:

Address:

Phone Number:

Email:

How long known?

Name:

Address:

Phone Number:

Email:

How long known?

**Please read carefully before signing**



I authorize investigation of all statements made on my resume, application, or those made during an interview for job selection. Such investigations may include checks for criminal record, driving record, child abuse/neglect record, drug and alcohol testing, references, and past/current employers. I authorize my former employers to furnish and release all information relating to my employment, such as the quality of work, dates of employment, and reason for leaving. In addition, I release MVCAA, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

I understand that this application will be active for twelve (12) months; after that time, if I wish to be considered for employment, I must submit a new application. I understand that all information will be considered in determining eligibility for employment and that a false or dishonest answer to any question shall be sufficient cause for dismissal or refusal to hire. All findings related to the employment investigation will be preserved in applicant's file.

I understand that, if hired, my employment will be strictly at will. That means that my employment is for an indefinite period and that the agency or I may terminate the employment at any time, for any or no reason, with or without notice or intermediate steps. I further understand that no verbal statements or statements in any company policy or procedure manual, employee handbook, or other document shall be construed to have altered the at-will nature of my employment. No agency manager or representative shall be authorized to make any representation to the contrary.

My typed name is to be used as my electronic signature.

Applicant Signature:

Date:

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06/15/2017

Yes  No

**Are you a current or former employee of DSS?**

If you are a current or former employee of Department of Social Services you must read and sign the following statement in addition to the one above. "I authorize my employer, or potential employer, to investigate, obtain, compile, examine, copy, or receive any records pertaining to my employment history; to obtain a copy of my college transcript(s); and understand completely and without reservation allow my employer to release and/or discuss any information about my employment history or college transcript(s) with authorized personnel of the Department of Social Services. I further authorize the Department of Social Services to share any personnel information that the Department of Social Services may have about me with my employer or prospective employer as the Department determines necessary to make personnel decisions regarding my suitability to provide services with my employer. By authorization of the above, the applicant agrees to hold harmless any individual, partnership, corporation, educational institution, or agency, The

Department of Social Services, the Missouri Children's Division, its officers, agents and employees, as well as the State of Missouri, from any liability for any damage whatsoever for issuing such information.

The application contains no misrepresentation or falsifications and that the information given is true and complete to the best of their knowledge and belief, that the applicant is aware that should an investigation at any time disclose any such misrepresentation or falsification as to a material fact, the application will be rejected or if selected, the applicant may be dismissed by the employer."

My typed name is to be used as my electronic signature.

Applicant Signature:

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Date: 06/15/2017

Your Computer's IP  
Address: 76.0.21.74