Missouri Coalition for Oral Health

APPLICATION FOR EMPLOYMENT

The Missouri Coalition for Oral Health (MCOH) is an equal opportunity employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, color, gender, religion, national origin, disability, sexual orientation or other protected classification.

PERSONAL INFORMATION **Date:** ______________________

Full Name:____

Other names used (if applicable): ____

Current Address: ____

Street | City | State | Zip

Permanent Address (if different): ____

Street | City | State | Zip

Phone Number: ________________________________

Are you over 18 years old? ☐ YES ☐ NO

Are you authorized to work in the United States on an unrestricted basis? ☐ YES ☐ NO

Do you have a valid Driver's License? ☐ YES ☐ NO

Are you willing to work overtime if required? ☐ YES ☐ NO

Have you ever been convicted of, pled guilty to, or received a suspended imposition of sentence (SIS) for a felony or misdemeanor? ☐ YES ☐ NO

(A conviction will not necessarily disqualify you from employment)

If yes, please explain:

DESIRED EMPLOYMENT

Position: Community Outreach and Project Development Director

Desired Salary: __________________________ **Available Start Date:**__________________________

Have you previously applied to MCOH? YES ☐ NO ☐

Are you currently employed? YES ☐ NO ☐

If yes, may we contact your current employer? YES ☐ NO ☐

EDUCATION AND TRAINING

EDUCATION	School Name &Location	Years Attended	Graduated? (Y/N)	Field of Study	Degree/ Diploma
High School			Yes		
College / University			Yes		
College / University			Yes		

LICENSES & CERTIFICATIONS

Identify all licenses or certifications which you currently hold.

License/Certification	Number	Issuing State	Ever Lapsed? (Y/N)	Explanation (if yes)
			No	
			No	

Date of reinstatement (if applicable): ___________________________________

ADDITIONAL QUALIFICATIONS

In addition to your work history, describe any skills, experience, or qualifications that would support your work with MCOH:

Do you presently have any contractual restrictions that would affect your employment with MCOH? ☐ Yes ☐ No If yes, please explain:

REFERENCES

Please list three professional references (not related to you) who have known you for at least one year:

Name	Address	Years Known	Phone Number

1. ____
2. ____
3. ____

WORK HISTORY *(You may attach a resume in place of completing this section.)*

Most Recent Employer:	Phone Number:
Date Started (month /year):	Starting Position:
Date Left (month/year):	Ending Position:
Name and Title of Supervisor:	
Job Responsibilities:	Reason for Leaving:
Previous Employer:	Phone Number:
Date Started (month/year):	Starting Position:
Date Left (month/year):	Ending Position:
Name and Title of Supervisor:	
Job Responsibilities:	Reason for Leaving:
Previous Employer:	Phone Number:
Date Started (month/year):	Starting Position:
Date Left (month/year):	Ending Position:
Name and Title of Supervisor:	
Job Responsibilities:	Reason for Leaving:
Previous Employer:	Phone Number:
Date Started (month/year):	Starting Position:
Date Left (month/year):	Ending Position:
Name and Title of Supervisor:	
Job Responsibilities:	Reason for Leaving:

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation may result in the rejection of my application and my candidacy for this position or any other position with MCOH. I authorize MCOH to make an investigation of any of the facts set forth in this application, request a criminal background check from an appropriate law enforcement agency and release the company from any liability.

I further understand that the company will contact my references and former employers to conduct a background investigation and reference check concerning my current and past activities. I hereby authorize and request any former employers, personal references, schools and other persons, firms or entities to furnish MCOH any information regarding my work habits, reasons for termination, eligibility for rehire, salary information, character and reputation information or any other relevant information. I hereby release all persons, companies, corporations or individuals from all liability and responsibility that may result from MCOH with the information set out herein.

I understand that employment at MCOH is "at-will," which means that either I or the company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. Any employment, if commenced, is continued on that basis.

Date _________________ Applicant's Signature____