

**Missouri Coalition for Oral Health, Inc.**  
TELEPHONE (573)638-3816 FAX (573) 638-3814

**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.

**I. PERSONAL INFORMATION**

Date \_\_\_\_\_

Full Name \_\_\_\_\_

Other names by which you may have been known \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Telephone 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, plead guilty to, or received a SIS for a felony or misdemeanor?  
 Yes  No (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. DESIRED EMPLOYMENT**

Position \_\_\_\_\_ Salary Desired \_\_\_\_\_

Date you can start \_\_\_\_\_

Have you ever applied to MCOH before?  Yes  No

Are you employed now?  Yes  No  
If so, may we contact your present employer?  Yes  No

**III. EDUCATION AND TRAINING**

EDUCATION	NAME & LOCATION OF SCHOOL	No. of Years Attended	Did You Graduate?	Subjects Studied	Degree/ Diploma
Grammar School					
High School					
College / University					
College / University					
Other Training / Education					

Identify all licenses or certifications which you currently hold.

Name of license/certification \_\_\_\_\_

License/certification number \_\_\_\_\_ Issuing State: \_\_\_\_\_

Have your licenses/certifications ever lapsed? \_\_\_\_\_

If yes, state reason for lapse, revocation or suspension \_\_\_\_\_

Date of reinstatement: \_\_\_\_\_

In addition to your work history, what other experiences, skills or qualifications would especially prepare you for work with MCOH? \_\_\_\_\_

Do you presently have any contractual restrictions that would affect your employment with MCOH?  Yes  No

#### IV. REFERENCES

Below, give the names of three persons you are not related to, whom you have known at least one year.

Name	Address	Years Acquainted	Phone Number

#### V. WORK HISTORY

<b>Most Recent Employer</b>	<b>Address</b>	<b>Telephone</b>
Date Started (month/year)	Starting Position	
Date Left (month/year)	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
<b>Previous Employer</b>	<b>Address</b>	<b>Telephone</b>
Date Started (month/year)	Starting Position	
Date Left (month/year)	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
<b>Previous Employer</b>	<b>Address</b>	<b>Telephone</b>
Date Started (month/year)	Starting Position	
Date Left (month/year)	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
<b>Previous Employer</b>	<b>Address</b>	<b>Telephone</b>
Date Started (month/year)	Starting Position	
Date Left (month/year)	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	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 \_\_\_\_\_