



# APPLICATION FOR EMPLOYMENT

Human Resources Department  
4105 CHAPEL ROAD • CARTHAGE, MO 64836 •  
Fax 417-359-2905 • hr@preciousmoments.com

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are under age 18, list your birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## INSTRUCTIONS TO ALL APPLICANTS

You must complete the entire application. Please answer ALL questions, unless otherwise indicated. Incomplete or unsigned applications may result in your application not being considered. Please specify the position(s) for which you are applying. Please type or print in ink. Applications go into our inactive file 90 days from the date of application. In order for your application to be kept active, it will be necessary for you to inform our Human Resources office prior to the end of the 90-day period. Should you contact the company after the 90-day period has expired, you will be treated as a new applicant.

Position(s) applied for: \_\_\_\_\_

Referral source:

- Newspaper (List) \_\_\_\_\_  Internet Site (List) \_\_\_\_\_  State Employment Service
- Temporary Agency (List) \_\_\_\_\_  Employee (List) \_\_\_\_\_  Friend/Relative
- School (List) \_\_\_\_\_  Walk-in  Other \_\_\_\_\_

Type of work desired:  Full Time (32+hours/week)  Part Time (less than 32 hours/week)  Temporary  
 Date Available \_\_\_\_/\_\_\_\_/\_\_\_\_ Desired Wage \_\_\_\_\_ Are you currently employed?  Yes  No  
 May we contact you at work?  Yes  No May we contact your present employer for a reference?  Yes  No  
 Are you willing to work evenings?  Yes  No Are you willing to work weekends?  Yes  No

Days and hours available for work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	____ to ____

## EDUCATION

High School \_\_\_\_\_ Address \_\_\_\_\_  
 # of Years Attended \_\_\_\_\_ Did you graduate or receive a GED?  Yes  No  
 College \_\_\_\_\_ Address \_\_\_\_\_  
 # of Years Attended \_\_\_\_\_ Did you graduate?  Yes  No Degree \_\_\_\_\_  
 Other \_\_\_\_\_ Address \_\_\_\_\_  
 # of Years Attended \_\_\_\_\_ Did you graduate?  Yes  No Degree \_\_\_\_\_

List any other training, volunteer work, or experience you have received which you feel is relevant to the position for which you are applying: \_\_\_\_\_

**FORMER EMPLOYERS: List most recent or current employer first. Include ALL employers and self-employment. Attach a separate sheet if necessary. ACCURATE PHONE NUMBERS MUST BE INCLUDED.**

Company Name \_\_\_\_\_ Co. Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title \_\_\_\_\_ Dates employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_ Supervisor's Phone (\_\_\_\_) \_\_\_\_\_  
Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_  Full Time  Part time  
Describe Duties \_\_\_\_\_  
Reason for leaving (If quit, Why?) \_\_\_\_\_  
Are you eligible for rehire?  Yes  No If no, why not? \_\_\_\_\_

---

Company Name \_\_\_\_\_ Co. Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title \_\_\_\_\_ Dates employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_ Supervisor's Phone (\_\_\_\_) \_\_\_\_\_  
Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_  Full Time  Part time  
Describe Duties \_\_\_\_\_  
Reason for leaving (If quit, Why?) \_\_\_\_\_  
Are you eligible for rehire?  Yes  No If no, why not? \_\_\_\_\_

---

Company Name \_\_\_\_\_ Co. Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title \_\_\_\_\_ Dates employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_ Supervisor's Phone (\_\_\_\_) \_\_\_\_\_  
Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_  Full Time  Part time  
Describe Duties \_\_\_\_\_  
Reason for leaving (If quit, Why?) \_\_\_\_\_  
Are you eligible for rehire?  Yes  No If no, why not? \_\_\_\_\_

---

Company Name \_\_\_\_\_ Co. Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title \_\_\_\_\_ Dates employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_ Supervisor's Phone (\_\_\_\_) \_\_\_\_\_  
Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_  Full Time  Part time  
Describe Duties \_\_\_\_\_  
Reason for leaving (If quit, Why?) \_\_\_\_\_  
Are you eligible for rehire?  Yes  No If no, why not? \_\_\_\_\_

---

**MILITARY SERVICE**

Branch \_\_\_\_\_ Served from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
If other than honorable, explain \_\_\_\_\_

---

**MISCELLANEOUS INFORMATION**

Are you a citizen of the United States or, if not, are you authorized to work in the United States?  Yes  No

Have you ever been employed with Precious Moments?  Yes  No If yes, when? \_\_\_\_\_  
What Position? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Are any of your relatives currently employed by Precious Moments?  Yes  No If Yes, Who? \_\_\_\_\_

Please explain all gaps in your employment \_\_\_\_\_

Should we expect to receive any "negative" comments from any of your past employers?  Yes  No  
If yes, why? \_\_\_\_\_

Have you ever been discharged, suspended or asked to resign from employment?  Yes  No If yes, describe the reasons in detail: \_\_\_\_\_

Would your past employment, education, or other information provided on this application be recorded under any other names?  
 Yes  No If yes, please list all other names \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic infraction?  Yes  No (A "Yes" answer will not automatically disqualify you. We will examine the nature of the crime, the date committed, and the relation of the crime to the job for which you are applying.) If yes, please explain and include dates: \_\_\_\_\_

---

**PROFESSIONAL REFERENCES**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Company \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Bus phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Company \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Bus phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Company \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Bus phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Company \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Bus phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## APPLICANT'S CERTIFICATION AND AGREEMENT

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to race, color, sex, age, marital status, religion, or national origin, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I give permission to check my educational background, references, professional license, criminal record, and driving record. I authorize my former employers to provide the Company any information regarding my employment. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I agree to permit the Company to conduct substance abuse tests and any other background investigative procedures it deems appropriate with respect to my application and, in the event of hire, while employed. I understand a consumer report may be obtained from a consumer reporting agency in connection with this application and, if requested, I will be informed of the name and address of the agency.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Chief Operations Officer, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature of Applicant \_\_\_\_\_

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

## AFFIRMATIVE ACTION APPLICANT RECORD

Precious Moments is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ Name \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Gender:  Male  Female

Referral source:

- Newspaper (List) \_\_\_\_\_  Internet Site (List) \_\_\_\_\_  State Employment Service  
 Temporary Agency (List) \_\_\_\_\_  Employee (List) \_\_\_\_\_  Friend/Relative  
 School (List) \_\_\_\_\_  Walk-in  Other \_\_\_\_\_

### Race/Ethnicity:

(Please check one of the descriptions below corresponding to the race / ethnic group with which you most identify.)

- Non-participation** - I have read the above and decline to provide the requested information
- American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American** - A person having origins in any of the Black racial groups of Africa.
- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North Africa.
- Two or More Races** - All persons who identify with more than one of the above five races.

Regulations issued by the U.S. Department of Labor, with respect to disabled individuals, disabled veterans, and Vietnam Era veterans, require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary and confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

- Vietnam Era Veteran** - A person who served on active duty for more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge. Also, a person who was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.
- Disabled Veteran** - A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty and who is entitled to a 30 percent or more disability payment under the regulations of the Office of Veteran's Affairs.
- Disabled Individual** - A person with a physical or mental impairment that substantially limits a major life activity.