## **JOB APPLICATION**

## Insight Ind. LP 2501 NE Prairie Falcon Dr, Blue Springs, Missouri 64014 816-412-0853

Insight Ind. LP is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information Applicant Name: Address: City, State and Zip Code: Telephone Number: Email Address:		
Date of Application:		
Employment Position  Position(s) applying for: Direct Care Staff		
How did you hear about this position?		
What days are you available for work?		
What hours or shift are you available for work?		
If needed, are you available to work overtime?		
On what date can you start working if you are hired?		
Do you have reliable transportation to and from work?		
Salary desired:		
Personal Information		
Have you ever applied to or worked for Insight Ind. LP before?	Yes	No
If yes, when?		
Do you have any friends, relatives, or acquaintances working for Insight Ind. LP	Yes	No
If yes, state name & relationship:		
Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No

What document can you pro	ovide as proof of citizenship	or legal status?		
Will you consent to a mandatory controlled substance test?				No
Do you have any condition	which would require job acco	ommodations?	Yes	No
If yes, please describe acco	mmodations required below			
Have you ever been convict	ted of a criminal offense (felo	ony or misdemeanor)?	Yes	No
If yes, please state the natu	re of the crime(s), when and	where convicted and	disposition of the c	ase:
The date of the offense, to description of the event, and position(s) applied for may, however, however, and position of the event, and position of the event of the	d the surrounding circumst nowever, be considered.)	ances and the releval	nce of the offense	to the
(Note: Insight Ind. LP complimate the necessary for eligible eligi				s that
High School	T (2): 2:	T v		
Name_	Location (City, State)	Year Graduated	Degree Earne	<u>}d</u>
College/University			L	
Name	Location (City, State)	Year Graduated	Degree Earne	∍d
Vocational School/Speciali	zed Training			
Name	Location (City, State)	Year Graduated	Degree Earne	<u>∍d</u>

## Military:

Are you a member of the Armed S	Services?	
What branch of the military did you enlist? What was your military rank when discharged? How many years did you serve in the military?		
What military skills do you posses	s that would be	an asset for this position?
Previous Employment Employer Name: Job Title: Supervisor Name:		
Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:		
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:		
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:		
<b>References</b> Please provide 2 personal and prof	essional referen	ce(s) below:
Reference		Contact Information

## **AT-WILL EMPLOYMENT**

The relationship between you and the Insight Ind. LP is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Insight Ind. LP. No representative of Insight Ind. LP has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature:	Dated:	