



One-Stop Operator

# FIRST SOURCE HIRING PROGRAM REFERRAL FORM



Please submit the application to the Full Employment Council/KCMO First Source Hiring Program offices by fax, e-mail or hand-delivery to Dan Rainey, Coordinator or Steve Bowie, Job Matcher, see the following contact information:

**ATTENTION:** DAN RAINEY, COORDINATOR, 816-471-0936 (F), [DRINEY@FECKC.ORG](mailto:DRINEY@FECKC.ORG) OR 1740 PASEO BLVD., KANSAS CITY, MO 64108

**ATTENTION:** STEVE BOWIE, JOB MATCHER, 816-471-0936 (F), [SBOWIE@FECKC.ORG](mailto:SBOWIE@FECKC.ORG) OR 1740 PASEO BLVD., KANSAS CITY, MO 64108

*Please Print*

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Social Security</b>
------------------	-------------------	--------------------	------------------------

<b>Street Address (Residence)</b>	<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>
-----------------------------------	-------------	---------------	--------------	-----------------

**Email Address**

(\_\_\_\_) \_\_\_\_\_

Home Phone

(\_\_\_\_) \_\_\_\_\_

Alternate Phone (i.e., cell, work, relative, etc.)

**Emergency Contact:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

### Ethnicity:

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> Hispanic or Latino        | <input type="checkbox"/> American Indian or Alaskan Native         | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hawaiian Native or Other Pacific Islander | <input type="checkbox"/> White |

### Education:

- Less than High School Grade completed \_\_\_\_\_
- Attained (GED)
- Attained High School Diploma
- Associate Degree
- Other Post Second Degree /Certificate
- Attained Cert of Attendance/Completion
- Bachelor's Degree
- Education beyond Bachelor's Degree

# FIRST SOURCE HIRING PROGRAM

Full Employment Council/Missouri Career Center

## IDENTIFY TRADES OR CRAFTS IN WHICH YOU DESIRE WORK:

**TRADE OR CRAFT:** \_\_\_\_\_

PROFESSIONAL DESIGNATION: \_\_\_\_\_

UNION MEMBERSHIP, IF ANY: \_\_\_\_\_

SPECIAL TRAINING, REGISTRATION OR LICENSES: \_\_\_\_\_

**TRADE OR CRAFT:** \_\_\_\_\_

PROFESSIONAL DESIGNATION: \_\_\_\_\_

UNION MEMBERSHIP, IF ANY: \_\_\_\_\_

SPECIAL TRAINING, REGISTRATION OR LICENSES: \_\_\_\_\_

**TRADE OR CRAFT:** \_\_\_\_\_

PROFESSIONAL DESIGNATION: \_\_\_\_\_

UNION MEMBERSHIP, IF ANY: \_\_\_\_\_

SPECIAL TRAINING, REGISTRATION OR LICENSES: \_\_\_\_\_

## PREVIOUS RELATED EMPLOYMENT OR EXPERIENCE

Please list the names of your present or previous employers (paid or unpaid), in chronological order with the present or last employer listed first. Include community service, volunteer work, or if self-employed, give firm name and supply business references.

Employer Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Your Job Title/Position: \_\_\_\_\_

Hourly Wage: \$ \_\_\_\_\_ Start: \_\_\_\_/\_\_\_\_/\_\_\_\_ End: \_\_\_\_/\_\_\_\_/\_\_\_\_

Major Job Duties: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Your Job Title/Position: \_\_\_\_\_

Hourly Wage: \$ \_\_\_\_\_ Start: \_\_\_\_/\_\_\_\_/\_\_\_\_ End: \_\_\_\_/\_\_\_\_/\_\_\_\_

Major Job Duties: \_\_\_\_\_

# FIRST SOURCE HIRING PROGRAM

Full Employment Council/Missouri Career Center

## PREVIOUS RELATED EMPLOYMENT OR EXPERIENCE

Employer Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Your Job Title/Position: \_\_\_\_\_

Hourly Wage: \$ \_\_\_\_\_ Start: \_\_\_\_/\_\_\_\_/\_\_\_\_ End: \_\_\_\_/\_\_\_\_/\_\_\_\_

Major Job Duties: \_\_\_\_\_

## TRANSPORTATION

Do you have a valid driver's license?  Yes  No

How will you get to work or training on a daily basis?

- My own car     Borrow a car     Get Rides  
 Bus             Bicycle             Other Explain: \_\_\_\_\_

If you need public transportation, is it readily available?  Yes  No

I certify that the information given on this application is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this application, subsequent termination from the WIA program, or prosecution under the law. I further understand that I am required to complete any training FEC is subsidizing on my behalf. I agree to report employment information to Career Development Executive within three working days of employment. I will respond to follow-up requests (30-day, 60-day, 90-day, 6-month, 9-month and 12 months) to obtain information on employment status, earnings, school or other training programs and to document credentials, and participate in follow-up/retention activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REFERRED BY:

AGENCY/CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ REFERRAL DATE: \_\_\_\_\_

### REFERRED TO:

AGENCY/CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ REFERRAL DATE: \_\_\_\_\_

FULL EMPLOYMENT COUNCIL, INC.  
CORPORATE HEADQUARTERS -1740 PASEO BOULEVARD, KANSAS CITY, MISSOURI 64108  
PHONE 816-471-2330 FAX 816-471-3828  
WWW.FECKC.ORG OUR JOB IS TO FIND YOU A CAREER.™

The Full Employment Council is an Equal Opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to individuals with disabilities TDD/TYY: 816-283-8439.