



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

NO INDIVIDUAL SHALL BE EXCLUDED FROM OR DENIED BENEFITS, SUBJECT TO DISCRIMINATION, OR DENIED EMPLOYMENT BECAUSE OF RACE, COLOR RELIGION, SEX, NATIONAL, ORIGIN, AGE DISABILITY, OR POLITICAL AFFILIATION IN JOB TRAINING AND/ OR JOB PLACEMENT PROGRAMS OPERATED BY THE FULL EMPLOYMENT COUNCIL OR ITS CONTRACTORS.

THE FULL EMPLOYMENT COUNCIL IS AN EQUAL OPPORTUNITY EMPLOYER/PROGRAM. AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES. ALL VOICE TELEPHONE NUMBERS MAY BE REACHED BY PERSONS USING TTY/ TDD EQUIPMENT VIA THE MISSOURI RELAY SERVICES AT 711.

(PLEASE PRINT)

DATE OF APPLICATION: _____

POSITION APPLIED FOR: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP CODE

TELEPHONE: (____) _____
AREA CODE

ALTERNATIVE PHONE NUMBER THAT YOU CAN BE REACHED AT: _____

ARE YOU CURRENTLY EMPLOYED? _____ YES _____ NO

MAY WE CONTACT YOUR CURRENT EMPLOYER? _____ YES _____ NO

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

CAN YOU TRAVEL IF JOB REQUIRES IT? _____ YES _____ NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUTE? (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS MAY BE REQUIRED UPON EMPLOYMENT.) _____ YES _____ NO

EQUAL OPPORTUNITY NOTICE IS INSERTED INSIDE THIS APPLICATION INTIAL TO ACKNOWLEDGE RECEIPT
_____ Initial

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR MOST RECENT JOB. INCLUDE MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATION NAMES WHICH INDICATE RACE, COLOR, RELIGION, SEX, DISABILITY OR NATIONAL ORIGIN.

EMPLOYER ADDRESS ZIP

JOB TITLE SUPERVISOR TELEPHONE

REASON FOR LEAVING DATES EMPLOYED

DUTIES PERFORMED

EMPLOYER ADDRESS ZIP

JOB TITLE SUPERVISOR TELEPHONE

REASON FOR LEAVING DATES EMPLOYED

DUTIES PERFORMED

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JOB TITLE SUPERVISOR TELEPHONE

REASON FOR LEAVING DATES EMPLOYED

DUTIES PERFORMED

EMPLOYER ADDRESS ZIP

JOB TITLE SUPERVISOR TELEPHONE

REASON FOR LEAVING DATES EMPLOYED

DUTIES PERFORMED

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

EDUCATION

GRADUATE AND/OR PROFESSIONAL SCHOOL

HIGH SCHOOL

COLLEGE/UNIVERSITY

SCHOOL NAME												
YEARS COMPLETED	9	10	11	12	1	2	3	4	1	2	3	4
DIPLOMA/ DEGREE												
DESCRIBE COURSE OF STUDY												

STATE ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION. (Please exclude any information which may indicate race, color, religion, sex, disability, age or national origin.)

VETERAN OF THE U.S. MILITARY SERVICE? _____ YES _____ NO

FEC CURRENTLY HAS AN ANTI-NEPOTISM POLICY WHICH PROVIDES THAT NO PERSON SHALL BE EMPLOYED BY FEC WHILE THEIR SPOUSE OR RELATIVE WITHIN CERTAIN DEGREES IS ALSO EMPLOYED BY FEC. THE PURPOSE OF THIS POLICY IS TO AVOID ANY INSTANCE OF PERCEIVED PARTIALITY WHICH MAY ARISE IN THE WORKPLACE DUE TO FAMILY RELATIONSHIP BETWEEN EMPLOYEES.

DO YOU HAVE ANY RELATIVE OF ANY DEGREE PRESENTLY EMPLOYED BY FEC? _____ YES _____ NO

DO YOU HAVE ANY FRIENDS OR ASSOCIATES PRESENTLY EMPLOYED AT FEC? _____ YES _____ NO

IF SO, WHO? _____

THE FOLLOWING QUESTIONS NEED ONLY BE ANSWERED IF THE JOB YOU ARE APPLYING FOR REQUIRES THE USE OF A MOTOR VEHICLE IN PERFORMING THE DUTIES ASSIGNED:

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ YES _____ NO

IF SO, PLEASE INDICATE YOUR LICENSE NUMBER AND EXPIRATION DATE:

LICENSE NUMBER EXPIRATION DATE

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? _____ YES _____ NO

DO YOU PRESENTLY OWN AN OPERATING CAR, TRUCK OR VAN? _____ YES _____ NO

IF SO, IS YOUR VEHICLE CURRENTLY INSURED IN THE STATE OF MISSOURI? _____ YES _____ NO

SPECIAL SKILLS AND QUALIFICATIONS: _____

APPLICANT'S STATEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

I UNDERSTAND, IF HIRED, MY EMPLOYMENT AT FULL EMPLOYMENT COUNCIL WILL BE "AT WILL," CONSISTENT WITH MISSOURI LAW. I UNDERSTAND THAT THIS MEANS THAT EITHER I OR FULL EMPLOYMENT COUNCIL MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE. I FURTHER UNDERSTAND THIS APPLICATION OR ANY OTHER WRITTEN OR ORAL STATEMENT(S) MADE AT ANY TIME ARE NOT INTENDED AND DO NOT SERVE TO CREATE OR IMPLY A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT NO EMPLOYEE, AGENT OR REPRESENTATIVE OF THE FULL EMPLOYMENT COUNCIL CAN ALTER THE NATURE OF THIS EMPLOYMENT AT WILL RELATIONSHIP.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE, MISLEADING OR INCOMPLETE INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) OR DURING EMPLOYMENT MAY RESULT IN DISCHARGE. I UNDERSTAND ALSO THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE FULL EMPLOYMENT COUNCIL.

SIGNATURE OF APPLICANT

DATE

REVISED 1/2020

AN EOE/AA/M/F/V/ADA EMPLOYER

FOR PERSONNEL DEPARTMENT

POSITION(S) APPLIED FOR IS OPEN: _____ YES _____ NO

POSITION(S) CONSIDERED FOR: _____

ARRANGE INTERVIEW: _____ YES _____ NO

DATE: _____

REMARKS: _____

INTERVIEWED BY: _____

EMPLOYED: _____ YES _____ NO

DATE OF EMPLOYMENT: _____

JOB TITLE: _____

HOURLY/SALARY RATE: _____

DEPARTMENT: _____

SUPERVISOR: _____

NAME/TITLE

TITLE

NOTES:



CERTIFICATION & ACKNOWLEDGEMENT STATEMENT

I hereby certify that I have a genuine interest in being hired and that all of the foregoing statements are true and correct. I agree to assume a continuing responsibility to disclose additional or new information called for by this employment application, but known to me only after this application was completed. I understand that my failure to make such a disclosure, and that falsification of or omission of any of the requested information herein, or in any interview, may result in withdrawal of my application or my immediate termination, regardless of when such failure or falsification may be discovered.

I understand that the Full Employment Council requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize the Full Employment Council to investigate my past employment, educational credentials, criminal record and other matters contained in my application. I agree to cooperate in such investigations and release all parties from all liability or responsibility with respect to the information supplied.

I further understand and agree that employment with the Full Employment Council is at will, and that either the Full Employment Council or an employee can terminate employment at any time with or without cause or notice.

Sign: _____

Print Name: _____

Date: _____

Serving Kansas City, Missouri, and Clay, Platte, Cass, Ray, and Jackson Counties
1740 Paseo • Kansas City, Missouri 64108 • Telephone (816) 471-2330

An Equal Opportunity Employer

AFFIRMATIVE ACTION SURVEY

GOVERNMENTAL AGENCIES REQUIRE PERIODIC REPORTS ON THE SEX, ETHNICITY, HANDICAPPED AND VETERAN STATUS OF APPLICANTS. THIS DATA IS FOR ANALYSIS AND AFFIRMATIVE ACTION. SUBMISSION OF INFORMATION IS VOLUNTARY

CHECK ONE:

_____ MALE

_____ FEMALE

CHECK ONE OF THE FOLLOWING:
(RACE/ETHNIC GROUP)

_____ ASIAN/PACIFIC ISLANDER

_____ HISPANIC

_____ AMERICAN INDIAN/

_____ WHITE

_____ ALASKAN NATIVE

_____ BLACK

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

_____ DISABLED VETERAN

_____ VIETNAM ERA VETERAN

_____ HANDICAPPED INDIVIDUAL

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS.

GOVERNMENT CONTRACTORS ARE SUBJECT TO 38 U.S.C. 2012 OF THE VIETNAM ERA READJUSTMENT ACT OF 1974 WHICH REQUIRES THAT THEY TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA, AND SECTION 503 OF THE REHABILITATION ACT OF 1973, AS AMENDED, WHICH REQUIRES GOVERNMENT CONTRACTORS TO TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED HANDICAPPED INDIVIDUALS.

IF YOU ARE A DISABLED VETERAN OR HAVE A PHYSICAL OR MENTAL HANDICAP, YOU ARE INVITED TO VOLUNTEER THIS INFORMATION. THE PURPOSE IS TO PROVIDE INFORMATION REGARDING PROPER PLACEMENT AND APPROPRIATE ACCOMMODATION ENABLE YOU TO PERFORM THE JOB TO THE BEST OF YOUR ABILITY IN A PROPER AND SAFE MANNER. THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL. FAILURE TO PROVIDE THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT YOUR CONSIDERATION FOR EMPLOYMENT.

IF YOU WISH TO BE IDENTIFIED, PLEASE SIGN BELOW:

_____ HANDICAPPED INDIVIDUAL

_____ DISABLED VETERAN

_____ VIETNAM ERA VETERAN

SIGNATURE

Equal Opportunity is the LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

- Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or,
- against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIOA Title I - financially assisted program or activity;
- providing opportunities in, or treating any person with regard to, such a program or activity; or
- making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Danielle Smith, State Equal Opportunity Officer

Missouri Department of Higher Education and Workforce Development - Office of Workforce Development
301 W. High Street
PO Box 1087
Jefferson City, MO 65102
danielle.smith@dhewd.mo.gov
Phone: (573) 751-2428 | Fax: (573) 751-4088
Missouri Relay Services at 711

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at www.dol.gov/crc.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Sub-State Agency/Local Equal Opportunity Officer:

Name: Michael Long **Address:** 1740 Paseo Blvd.

KCMO 64108 Telephone: 816-471-2330

*To learn more about filing a claim, visit
jobs.mo.gov/equalopportunity*



Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

La Igualdad = De Oportunidad es la LEY

La ley prohíbe que este beneficiario de asistencia financiera federal discrimine por los siguientes motivos: contra cualquier individuo en los Estados Unidos por su raza, color, religión, sexo (incluyendo el embarazo, el parto y las condiciones médicas relacionadas, y los estereotipos sexuales, el estatus transgénero y la identidad de género), origen nacional (incluyendo el dominio limitado del inglés), edad, discapacidad, afiliación o creencia política, o contra cualquier beneficiario, solicitante de trabajo o participante en programas de capacitación que reciben apoyo financiero bajo el Título I de la ley de Inversión y Oportunidad en la Fuerza Laboral (WIOA, por sus siglas en inglés), debido a su ciudadanía, o por su participación en un programa o actividad que recibe asistencia financiera bajo el Título I de WIOA.

El beneficiario no deberá discriminar en los siguientes áreas: decidiendo quién será permitido de participar, o tendrá acceso a cualquier programa o actividad que recibe apoyo financiero bajo el Título I de WIOA; proporcionando oportunidades en, o tratar a cualquier persona con respecto a un programa o actividad semejante; o tomar decisiones de empleo en la administración de, o en conexión a un programa o actividad semejante.

Los beneficiarios de asistencia financiera federal deben tomar medidas razonables para garantizar que las comunicaciones con las personas con discapacidades sean tan efectivas como las comunicaciones con los demás. Esto significa que, a petición y sin costo alguno para el individuo, los recipientes están obligados a proporcionar ayuda auxiliar y servicios para individuos con discapacidades calificados.

QUE DEBE HACER SI CREE QUE HA SIDO DISCRIMINADO

Si usted piensa que ha sido discriminado en un programa o actividad que recibe apoyo financiero bajo el Título I de WIOA, usted puede presentar una queja no más de 180 días después de la fecha en que ocurrió la presunta violación, ya sea con: El oficial de igualdad de oportunidad del recipiente (o la persona que el recipiente haya designado para este propósito);

Danielle Smith, State Equal Opportunity Officer

Department of Education and Workforce Development - Office of Workforce Development
301 West High Street
P.O. Box 1087
Jefferson City, MO 65102
danielle.smith@dhewd.mo.gov
Teléfono: (573) 751-2428 | Fax: (573) 751-4088
Relay Missouri: 711

o:

Director, Civil Rights Center (CRC), U.S. Department of Labor
200 Constitution Avenue NW, Room N-4123, Washington, DC 20210
o electrónicamente como indica el sitio web del CRC www.dol.gov/crc

Si usted presenta una queja con el recipiente, usted debe esperar hasta que el recipiente emita una decisión final escrita o que pasen por lo menos 90 días (lo que ocurra primero), antes de presentar una queja con el Centro de Derechos Civiles (CRC, por sus siglas en inglés) a la dirección mencionada previamente. Si el beneficiario no le entrega una decisión final escrita dentro de 90 días después de la fecha en que presento su queja, usted puede presentar su queja con el CRC antes que reciba la decisión final. Sin embargo, es necesario presentar su queja con el CRC dentro de 30 días después de la fecha límite de 90 días (en otras palabras, dentro de 120 días después de la fecha en que presento la queja con el recipiente). Si el recipiente emite una decisión final escrita, pero usted no está satisfecho con el resultado o resolución, usted puede presentar una queja con el CRC. Usted debe presentar su queja con el CRC dentro de 30 días después que reciba la decisión final escrita.

Agencia de Sub-Estado/Oficial de Oportunidades Igualitarias

Nombre: Michael Long

Dirrección: 1740 Paseo KCMO 64108

Teléfono: 816-471-2330

Para más información sobre cómo presentar una reclamación, visite

jobs.mo.gov/equalopportunity

**Programa de Empleadores
que Brindan
Oportunidades Igualitarias**

Se ofrece apoyo y servicios auxiliares a las personas con discapacidades que lo soliciten.

