

Please print in ink (preferably black) or use typewriter

Number of attachments _____

Loutre Market

An Equal Opportunity Employer

Application for Employment

Submit this application to:
Loutre Market
1381 Highway 19
Hermann, MO 65041
573-486-5452

Employees of Loutre Market and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

1. Position applied for _____ 2. Date _____
(one per application)

3. Social Security No. _____
(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number will be required on other forms prior to employment.)

4. Full legal name _____ 6. Home Phone () _____
Last First Middle

5. Address _____ 7. Business Phone () _____
City State Zip

8. E-mail Address _____

9. EDUCATION

a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____

b. If you did not complete high school, do you have a high school equivalency diploma? Yes No Date Received _____

c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

10. EXPERIENCE — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time Part-time Hours/week Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time Part-time Hours/week Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
 Typing speed _____ words per minute Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

11. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. **MISCELLANEOUS (Check all that apply for a through c.)**

- a. Check which shift you will accept: Day Evening Rotating Weekends Specify shift hours/days: _____
 b. Check which job status you would accept: Full-time Part-time Seasonal Temporary COE
 c. Check which employment status you'd accept: Salaried (benefits) Hourly (No benefits)
 d. If you are currently in school, please list your extra-curricular activities:

e. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

f. Are you willing to provide your own transportation if necessary for your employment? Yes No

g. In case of emergency, please notify:
 Name: _____ Relationship: _____ Phone: _____

h. Have you ever been convicted for any violation(s) of law, including moving traffic violations? Yes No If YES, please provide the following:
 Description of offense:
 Statute or ordinance (if known): _____ Date of Charge: _____ Date of Conviction : _____
 County, City, State of Conviction: _____
 (For additional convictions, use plain paper. Include all information listed above.)

i. Do you (or your spouse) have any relative(s) employed by Loutre Market? Yes No
 If Yes, give name(s) and relationship(s): _____

13. When will you be available to start work?
 _____ Month _____ Day _____ Year

14. Minimum salary/hourly wage willing to accept?

15. **CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with Loutre Market. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize Loutre Market to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ Applicant Signature _____