

# EMPLOYMENT APPLICATION

HMP DME Services LLC  
 400 SE Brizendine Road  
 Blue Springs, MO 64014



## APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City			State		ZIP
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	

Position Applied for \_\_\_\_\_

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you over the age of 21 years? <i>(If no, you may be required to provide authorization)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been convicted of a moving violation in the past five years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Is anyone related to you employed by HMP DME Services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name and relationship?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Can you with or without reasonable accommodation perform the essential functions of this job? <i>(If you have any questions about the functions of the job, please ask the interviewer before answering this question)</i>				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

## EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

Please list any specialized training, apprenticeships, licenses or skills (i.e.; CNA, CDL, etc)

HMP DME Services is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

**PREVIOUS EMPLOYMENT**

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES NO 

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES NO 

Company

Phone

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES NO **MILITARY SERVICE**

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

**DISCLAIMER AND SIGNATURE**

I understand that if offered a position with HMP DME Services, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references courts and any others who have information about me to provide such information to HMP DME Services and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any damages that may result from providing such information.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date

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**MIKE KOLLING & ASSOCIATES**  
**Employment Screening & Background Information Services**  
3576 West Farm Road 182, Brookline Station, MO 65619  
(417) 840-6350 (ph) (417) 889-4026 (fax) Email:Coachmkoll@aol.com

**--EMPLOYEE BACKGROUND CHECK--**  
**AUTHORIZATION/ RELEASE FORM**

Please complete the information on this form and fax it back to Mike Kolling & Associates at the fax number above. Insert any additional information needed to run report on a separate sheet of paper.  
Employer Information Section:

**Requested By:** Jeffrey Witherspoon - HMP Operations Director

**Phone: voice:** 816-220-9990 **fax:** 816-220-1247

**Location:** 400 Southeast Brizendine Rd, Blue Springs, MO. 64014

Applicant/Candidate Information Section      **PLEASE PRINT CLEARLY**

**Full Name:** \_\_\_\_\_ **MI.** \_\_\_\_\_ **SEX:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**County:** \_\_\_\_\_  
**Previous Names Used:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**DRIVERS LICENSE NUMBER:** \_\_\_\_\_ **STATE OF ISSUE** \_\_\_\_\_  
(FCRA REGULATION CONCERNING MVR'S\*\*)

**Voluntary Self-Disclosure**

I \_\_\_\_\_ disclose that I have a criminal history (convicted of a crime) in the State of \_\_\_\_\_ (excluding minor traffic violations)

I have lived in the following states in the United States: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

( ) I have a criminal history in the following states: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

( ) I have lived in the following US. Counties: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

( ) I have no criminal history in any state. \_\_\_\_\_.

(YOUR INITIALS)

I hereby authorize Mike Kolling & Associates to perform a background check on me as they deem necessary and in accordance with all state, federal laws & FCRA regulations. I understand that individuals with certain felony convictions are not eligible for employment.

Applicant, please sign and date this release authorization below on the next line. Thank you.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
                  \*\*signature required\*\*

**REQUESTED SEARCHES: (CHECKED BY EMPLOYER) PLEASE INDICATE STATES TO SEARCH)**

\_\_\_\_\_ **STATEWIDE CRIMINAL STATES TO SEARCH:** \_\_\_\_\_

\_\_\_\_\_ **COUNTIES TO SEARCH:** \_\_\_\_\_

\_\_\_\_\_ **FEDERAL CRIMINAL INDEX SEARCH: STATES** \_\_\_\_\_

\_\_\_\_\_ **MVR-DRIVER HISTORY: \*\* (MVR IS FOR EMPLOYMENT PURPOSES ONLY)**

( ) **SSN/ADDRESS TRACE VERIFICATION**      ( ) **EMPLOYMENT VERIFICATION**