

CDS PROGRAM
ATTENDANT APPLICATION

(Please complete all information)

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ SSN: _____

Date of Birth: _____ Sex: _____

Do you smoke? YES NO

Have you ever been convicted of an offense? YES NO

If YES, please describe your offense and when it occurred:

Do you have any charges or pending charges against you? YES NO

If YES, please describe:

Are you related to the Consumer? YES NO

If YES, please explain the relationship:

Are you currently employed? YES NO

If YES, where and what hours do you work?:

EMPLOYMENT HISTORY

Company Name: _____

Dates employed: _____

Position Held: _____

Duties: _____

Reason for leaving: _____

Company Name: _____

Dates employed: _____

Position Held: _____

Duties: _____

Reason for leaving: _____

Company Name: _____

Dates employed: _____

Position Held: _____

Duties: _____

Reason for leaving: _____

Do we have permission to contact your past employers? YES NO

REFERENCES

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

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

SIGNATURE

DATE

ATTENDANT APPLICATION AGREEMENT

I hereby give my consent that a closed record check may be performed pursuant to Section 610.120 RSMo.

SIGNATURE

DATE