

Tantone Industries, Inc.
EMPLOYEE APPLICATION

1629 E. State Hwy 76
Branson, MO 65616

Equal Opportunity Employer: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or disability.

NAME: _____ TODAY'S DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE#: _____ SOCIAL SECURITY#: _____

LEGAL GUARDIAN: _____ TELEPHONE: _____

RESIDENTIAL STATUS: INDEPENDENT WITH FAMILY RESIDENTIAL CARE

FACILITY GROUP HOME NAME OF FACILITY _____

NATURE OF DISABILITY: _____ SEIZURES YES NO

*You must have a documented disability that prohibits you from obtaining & maintaining employment in the competitive work force.

MEDICATIONS: _____

YEARS OF SCHOOL COMPLETED _____ WHERE: _____

MOST RECENT WORK EXPERIENCE (including any volunteer work): _____

DATES EMPLOYED: _____

HOW DID YOU HEAR ABOUT THE WORKSHOP? _____

HAVE YOU EVER WORKED AT A MISSOURI WORKSHOP BEFORE? _____ IF YES,

WHICH ONE & WHY DID YOU LEAVE? _____

APPLYING FOR FULL TIME(5 days/30 hrs. per week) PART TIME (minimum of 4 days/week)

IF PART TIME, WHY? _____

DO YOU HAVE ANY RELATIVES THAT WORK HERE? ____ YES ____ NO

WHO? _____

CURRENT SOURCE OF INCOME SSI SSDI JOB OTHER_____

TRANSPORTATION: DRIVE I need BUS service FAMILY

Have you ever been convicted of a Felony or Misdemeanor, pleaded No Contest in a Felony or Misdemeanor, or been convicted of a Felony or Misdemeanor resulting in imprisonment or a fine over \$500 during the last 10 years? (Conviction will not necessarily disqualify an applicant) YES NO

IF YES PLEASE EXPLAIN_____

SUPPORTS

REGIONAL CENTER YES NO BURRELL CENTER YES NO

SERVICE COORDINATOR_____ CASE MANAGER_____

NEXT STEP A.O EASY LIVING ARC NOVA OTHER_____

PRIMARY SUPPORT STAFF:_____PHONE:_____

REFERENCES

1. NAME_____PHONE:_____

2. NAME_____PHONE:_____

IS THERE ANYTHING ELSE ABOUT YOURSELF THAT YOU WOULD LIKE US TO KNOW?

I certify that to the best of my knowledge and belief that answers given by me in this application are correct and complete. I understand that any false information contained in this application is cause for dismissal.

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers; school and individuals from any liability for any damage whatsoever resulting from giving such information.

SIGNATURE

DATE