

# EMPLOYMENT APPLICATION

P.O Box 189, St. James, MO 65559  
 4485 Westminster Place, St. Louis, MO 63108  
 1212 W. Lombard, Springfield, MO 65806  
 4304 S. Bearfield Road, Columbia, MO. 65201  
 330 North Gore Avenue, Webster Groves, MO 63119

(573) 265-3251  
 (314) 535-7911  
 (417) 865-1646  
 (573) 874-8686  
 (314) 968-2060



## APPLICANT INSTRUCTIONS

1. Please read "Applicant Note".
2. Complete both sides of form.
3. If more space is needed, attach sheet.
4. **PRINT** clearly. Illegible or incomplete applications will not be accepted.
5. **Providing any information not requested will disqualify your application.**

Position Applied For: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you over 21 years of age?

Yes  No

## APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements on the application and during the interview are grounds for terminating the application process, if discovered after employment, terminating employment. Federal law provides penalties for false statements on documents related to U.S employment eligibility. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. The Corporation reserves the right to conduct the following investigations for security reasons: child abuse/neglect, worker's comp., motor vehicle report, reference checks and a criminal history report. A felony conviction will not necessarily bar an applicant from employment. After offer of employment, and prior to reporting to work you may be required to submit to a medical review.

## AVAILABILITY

What date can you start? \_\_\_\_\_  Full-time  Part-time  Temporary

What schedules are you available?  Weekdays  Weekends  Evenings  Overtime  Nights

Have you ever been employed by Great Circle?  Yes  No----If yes, where/which program? \_\_\_\_\_

Have any of your relatives been employed by Great Circle?  Yes  No----IF yes, who? \_\_\_\_\_

## EDUCATION

**HIGH SCHOOL/Circle One:** Diploma or GED **COLLEGE:** Years completed \_\_\_\_\_

NAME	CITY/STATE	AREAS OF STUDY/MAJOR	DID YOU GRADUATE?	
High School			<input type="checkbox"/> YES	<input type="checkbox"/> NO
College			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other			<input type="checkbox"/> YES	<input type="checkbox"/> NO

## PREVIOUS EMPLOYERS

Please list ALL employers for the last FIVE YEARS, your most recent employer first. Continue to next page.

May we contact present employer?  Yes  No IF no, why not? \_\_\_\_\_

## MOST RECENT EMPLOYER

PHONE: ( )  
 FAX: ( )

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

START: \_\_\_\_\_ TO: \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

SALARY  hourly  annually  weekly REASON FOR LEAVING \_\_\_\_\_

**SECOND MOST RECENT EMPLOYER**

PHONE: ( )  
FAX: ( )

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

START: \_\_\_\_\_ TO: \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

\_\_\_\_\_

DUTIES \_\_\_\_\_

\_\_\_\_\_

SALARY  hourly  annually  weekly REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

**THIRD MOST RECENT EMPLOYER**

PHONE: ( )  
FAX: ( )

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

START: \_\_\_\_\_ TO: \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

\_\_\_\_\_

DUTIES \_\_\_\_\_

\_\_\_\_\_

SALARY  hourly  annually  weekly REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

**FOURTH MOST RECENT EMPLOYER**

PHONE: ( )  
FAX: ( )

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

START: \_\_\_\_\_ TO: \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

\_\_\_\_\_

DUTIES \_\_\_\_\_

\_\_\_\_\_

SALARY  hourly  annually  weekly REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

**FIFTH MOST RECENT EMPLOYER**

PHONE: ( )  
FAX: ( )

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

START: \_\_\_\_\_ TO: \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

\_\_\_\_\_

DUTIES \_\_\_\_\_

\_\_\_\_\_

SALARY  hourly  annually  weekly REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

NOTE: Do not fill out any of this part if you believe it is not job-related

**JOB-RELATED**

- Yes  No Have you been given a job description or had the essential function of the job described to you?
- Yes  No Do you understand the essential function of the job?
- Yes  No Can you perform the essential functions of this job with or without reasonable accommodations?
- Yes  No Have you used any names or social security numbers other than those on page one?

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- Yes  No If the job requires, do you have the appropriate valid Missouri driver's license?
- Yes  No Have you **EVER** had any tickets/moving violations? If yes, please describe \_\_\_\_\_

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- Yes  No Have you been employed by the State of Missouri, Department of Social Services?
- If yes, did you leave in good standing?  Yes  No
- Yes  No Have you ever been terminated from employment or asked to resign by an employer? **If yes**, please provide company names and details \_\_\_\_\_

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**While Great Circle requires that a job applicant be completely candid about their prior criminal history, a criminal history in and of itself does not exclude an individual from being considered for employment.**

Are you currently under charges for any criminal offense?

Yes  No (If yes, this does not necessarily exclude you from consideration for employment.) If yes, provide the following:

DATE	CITY	STATE	COUNTY
CIRCUMSTANCES (IDENTIFY CHARGES)			

For any criminal acts, have you ever been convicted, pled guilty or nolo contendere, or received a suspended imposition of sentence (regardless of whether incarceration actually occurred)?  Yes  No (If yes, this does not necessarily exclude you from consideration for employment.) Provide a full explanation for each incident, including misdemeanors or felonies, and indicate whether you are currently on or have been on **supervised or unsupervised probation**.

DATE	CITY	STATE	COUNTY
CIRCUMSTANCES (IDENTIFY CHARGES)			

Have you ever been involved as a perpetrator in any child abuse or elderly abuse which resulted in the physical, mental, or emotional abuse or neglect, or sexual abuse of a child, elderly person or eligible adult which was substantiated and documented by a state agency but not necessary proven in court and whether a criminal conviction of any kind also occurred?  Yes  No

DATE	CITY	STATE	COUNTY
CIRCUMSTANCES (IDENTIFY CHARGES)			

How did you hear about us?  Ad in paper  Great Circle Web Site  Other \_\_\_\_\_

Have you **EVER** worked for Great Circle? \_\_\_\_\_ If so, please give title(s) and dates: \_\_\_\_\_

Do any of your relatives currently work for Great Circle? \_\_\_\_\_ If so, please list names: \_\_\_\_\_

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus to verify any of this information including, but not limited to, child abuse/neglect, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to employment, I understand that any employment with Great Circle is **at-will** and my employment may be terminated at any time for any reason.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**APPLICANTS:**  
**PLEASE DO NOT FILL OUT THIS FORM. JUST SIGN THE LAST LINE.**  
Photocopies will be sent to each employer listed for the last five years, to verify your employment

Boys & Girls Town of Missouri  
an agency of Great Circle  
4304 Bearfield Road  
Columbia, MO. 65201  
Phone: (573) 874-8686, Ext. 817  
Fax: (573) 777-9865

**Employment Verification REQUESTED**

Attention: **HUMAN RESOURCES**

Employee's Printed Name: \_\_\_\_\_

Employee's Last Four Digits of Social Security Number: \_\_\_\_\_

**The person named above has applied for a position with our agency.  
Please verify employment with your agency by providing the following information.  
Thank you for your time.**

Company: \_\_\_\_\_

Most Recent Title: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Date of separation: \_\_\_\_\_

Would you Re-hire?  YES  NO

If No please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title of person providing the information:

\_\_\_\_\_

Date provided: \_\_\_\_\_

**FORMER EMPLOYER: Please fax your reply to Human Resources (573) 777-9865**

**AUTHORIZATION:**

I hereby authorize and release my previous employer and Great Circle from any and all liability in providing and acquiring the above information. A photocopy or facsimile of this form and my signature shall be considered as valid as the original document.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**OFFICE USE ONLY**

Fax#: \_\_\_\_\_

Phone#: \_\_\_\_\_

Date Faxed: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

Date Called: \_\_\_\_\_

By Whom: \_\_\_\_\_

By Whom: \_\_\_\_\_

By Whom: \_\_\_\_\_

Hired before receipt of Verification:  Yes  No Who approved the hiring: \_\_\_\_\_



## Personal Reflection Questions

(Required for any position working directly with kids or families)

1. What forms of discipline do you use?

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2. Are you willing to learn new approaches to discipline?  Yes  No

3. In your opinion, what are a child's rights?

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4. Are you willing to work with a child who has a lot to learn and may be a slow learner?

Yes  No

5. Are you willing to work cooperatively with other professionals and make decisions as a team?

Yes  No

6. Are you willing to attend routine staff meetings that involve the child?

Yes  No

7. What qualities do you possess that would make you a good Youth Care Specialist?

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## WHAT WOULD YOU DO?

(Required for any position working directly with kids or families)

Read the following examples.

How would you handle these behaviors?

1. Mike, a fifteen-year-old, is 30 minutes late coming home from his friend's house. When you tell him you were worried and that you feel it's important for him to be home on time, he yells, "I'll stay out as long as I damn well please!" and stomps down the hall to his room. What would you do?

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2. Bridget, an 11-year-old, received a detention in school for throwing a pencil at a fellow student and arguing with her teacher. What would you do?

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3. Pat is an active six-year-old boy who frequently climbs on furniture, despite being told not to. You're on the phone when you hear him jumping from the coffee table onto the couch. Suddenly, you hear a crash in the living room. What would you do?

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4. Bobbie, age four, knows how to get her way, especially at dinner. She throws her food and screams whenever anyone tries to talk to someone other than her. She just threw her mashed potatoes into the middle of the table, spilling some of the drinks. What would you do?

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5. Your co-worker needs to leave work 15 minutes early. This will leave you with only one person watching 15 kids. The kids appear to be asleep and your co-worker assures you that Nightwatch will be there in 15 minutes. Your co-worker has been employed at Great Circle for 5 years and everyone likes him. He asked you to clock him out at the regularly scheduled time. What would you do?

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Please have the following letters completed by three separate individuals not related to you, but familiar with your work ability.

Receipt of these letters by the Human Resources Department is required before employment can be offered. It is suggested that you bring the completed reference requests with your application for employment.

References may be returned in person, by fax, or by mailing to:

**Great Circle**  
**Attn: Human Resources**  
**4304 S Bearfield Road**  
**Columbia, MO. 65201**  
**Fax: 573-777-9865**

## Confidential Reference Request

\_\_\_\_\_ is being considered for employment at Great Circle, a residential treatment facility and school for troubled children. He/She gave your name as a reference.

To help us determine suitability for the position applied for, we appreciate your comments and replies to the following: (fill in or underscore as indicated).

1. I have known this applicant for \_\_\_\_\_ years as:  Employer  Co-worker  Neighbor  Friend
2. I  Would  Would not,  Hire  Re-hire ---- if I had a vacancy.
3. Do you consider applicant qualified by education, special training and or experience for the position applied for? \_\_\_\_\_
4. Punctuality:  Always on time  Occasionally late  Habitually late
5. Cooperation:  Team Player  Does not Try  Obstructs
6. Reliability: Please check answer.
  - A. Responsible  Yes  No
  - B. Adaptable meets changing conditions  Yes  No
  - C. Stable not to easily upset  Yes  No
  - D. Rarely loses time because of sickness  Yes  No
7. Disqualifying bad habits.  Yes  No If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Do you consider the applicant qualified to work with children?  Yes  No
9. Which of the following best describes applicant:  Nervous  Tolerant  Relaxed  Patient  Impulsive  
 Understanding  Confused  Forceful  Careless  Happy  Agitator

Any other comments: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Day Time Phone: \_\_\_\_\_  
Company: \_\_\_\_\_ Signature: \_\_\_\_\_

This information will be included in the employment record of this applicant, if hired. Please feel free to mail or fax your reply. Your reply and assistance are appreciated.

Sincerely,

I give authorization to release the information requested.

\_\_\_\_\_  
Applicant Signature Date

HR Generalist  
4304 S Bearfield Road  
Columbia, MO. 65201  
573-874-8686 Fax: 573-777-9865

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Columbia, MO. 65201  
573-874-8686 Fax: 573-777-9865

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HR Generalist  
4304 S Bearfield Road  
Columbia, MO. 65201  
573-874-8686 Fax: 573-777-9865

## WHAT'S NEXT?

Please mail, e-mail or fax your application to one or more of the following campuses, according to which job(s) you are applying for. If you are not sure which one, just send it to HR Recruiter (address bottom right corner).

HR Recruiter  
Great Circle  
PO Box 189  
**St. James, MO 65559**  
**573-265-3251, Ext. 164**  
**Fax: 573-265-0837**  
**E-mail: [Employment@bgtm.org](mailto:Employment@bgtm.org)**

HR Generalist  
Great Circle  
330 North Gore  
**Webster Groves, MO 63119**  
**314-968-2060, Ext. 213**  
**Fax: 314-968-8308**  
**E-mail: [HR@eccstl.org](mailto:HR@eccstl.org)**

Human Resources Director  
Great Circle  
1212 W. Lombard  
**Springfield, MO 65806**  
**417-865-1646, Ext. 611**  
**Fax: 417-865-2202**  
**E-mail: [Mary.Martin@bgtm.org](mailto:Mary.Martin@bgtm.org)**

HR Generalist  
Great Circle  
4304 Bearfield Road  
**Columbia, MO 65201**  
**573-874-8686, Ext. 817**  
**Fax: 573-874-8608**  
**E-mail: [HRGeneralist@bgtm.org](mailto:HRGeneralist@bgtm.org)**

Thanks for your patience with the application process, and please let us know if we can be of further help to you!

**Human Resources Recruiter**  
**Phone: 573-265-3251, Ext. 164**  
**Fax: 573-265-0837**