

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

PROFESSIONAL LICENSES

Yes No Please list all professional licenses: _____

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?

- 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 _____

- 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 _____

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 Boys & Girls Town of Missouri 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/
Edgewood Children's Center
PO Box 189
St. James, MO 65559
Phone: (573) 265-3251, Ext. 164
Fax: (573) 265-8320

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: BGTM/ECC Human Resources (573) 265-8320

AUTHORIZATION:

I hereby authorize and release my previous employer and Boys & Girls Town of Missouri and Edgewood Children's Center 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?

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

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

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?

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?

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?

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?

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?

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?



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
P.O. Box 189
St. James, MO. 65559
Fax: 573-265-8320

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 Relative
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

Human Resources Recruiter
PO Box 189,
St. James, Mo. 65559
573-265-3251 Fax: 573-265-8320

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Human Resources Recruiter
PO Box 189,
St. James, Mo. 65559
573-265-3251 Fax: 573-265-8320

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Sincerely,

I give authorization to release the information requested.

Applicant Signature Date

Human Resources Recruiter
PO Box 189,
St. James, Mo. 65559
573-265-3251 Fax: 573-265-8320



Great Circle

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: 573-265-8320
E-mail: 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

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

HR Generalist
Great Circle
4304 Bearfield Road
Columbia, MO 65201
573-874-8686, Ext. 817
Fax: 573-874-8608
E-mail: 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: 573-265-8320