

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 _____

JOB-RELATED

NOTE: Do not fill out any of this part if you believe it is not 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 BGTM/ECC 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 BGTM/ECC Web Site Other _____

Have you EVER worked for BGTM or ECC? _____ If so, please give title(s) and dates: _____

Do any of your relatives currently work for BGTM or ECC? _____ 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
330 North Gore Avenue
Webster Groves, MO. 63119
Phone: (314) 968-2060, Ext. 213
Fax: (314) 968-8308

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 (314) 968-8308

AUTHORIZATION:

I hereby authorize and release my previous employer and Boys & Girls Town of Missouri/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

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?

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 BGTM/ECC 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:

**Boys & Girls Town of Missouri/
Edgewood Children's Center
Attn: Quinci Herholz
330 North Gore Avenue
Webster Groves, Mo. 63119
Fax: 314-968-8308**

Confidential Reference Request

_____ is being considered for employment at Boys & Girls Town of Missouri or Edgewood Children's Center, 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

Quinci Herholz, HR Generalist
330 North Gore Avenue
Webster Groves, MO. 63108
314-968-2060 Fax: 314-968-8308

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Applicant Signature Date

Quinci Herholz, HR Generalist
330 North Gore Avenue
Webster Groves, MO. 63108
314-968-2060 Fax: 314-968-8308

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.

HR Recruiter
Boys & Girls Town of Missouri/
Edgewood Children's Center
PO Box 189
St. James, MO 65559
573-265-3251, Ext. 164
Fax: 573-265-0837
E-mail: Employment@bgtm.org

HR Generalist
Boys & Girls Town of Missouri/
Edgewood Children's Center
330 North Gore
Webster Groves, MO 63119
314-968-2060, Ext. 213
Fax: 314-968-8308
E-mail: HR@eccstl.org

Human Resources Director
Boys & Girls Town of Missouri/
Edgewood Children's Center
1212 W. Lombard
Springfield, MO 65806
417-865-1646, Ext. 611
Fax: 417-865-2202
E-mail: Mary.Martin@bgtm.org

HR Generalist
Boys & Girls Town of Missouri/
Edgewood Children's Center
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: 573-265-0837