



Application for Employment

Baptist Homes and Healthcare Ministries

400 E High Street, Suite 600

PO Box 390

Jefferson City, MO 65102-9610

800.736.6227

If you need help:

If you need help completing the application form or any phase of the employment process, please notify the person who gave you this form. Every effort will be made to accommodate your needs in a reasonable amount of time.

Full Name _____ Today's Date _____
(First) (Middle) (Last)

Other names used (Maiden name, etc.) _____

Address _____ City _____

State _____ Zip Code _____ Home or Work # _____ Cell # _____

Email _____

You are applying for: _____ Full Time _____ Part Time _____ Temporary _____ PRN

Preferred location: _____ Ironton (Arcadia Valley) _____ Chillicothe _____ Ashland
_____ Independence _____ Ozark

Shift Preference: _____ Days _____ Evenings _____ Nights

Department (Check All Areas of Interest)

Nursing Department: _____ RN _____ LPN _____ CMT _____ CMA1 _____ CNA _____ NA
_____ Office _____ Dietary _____ Housekeeping/Laundry _____ Maintenance _____ Activities
_____ Beauty/Barber Shop _____ Social Services

Employment History (Last Three Positions)

Employer 1 _____ Dates Worked _____

Address _____ Phone # _____

Type of work _____

Supervisor Name _____ May we contact this person? _____

Reason for leaving _____

Employer 2 _____ Dates Worked _____

Address _____ Phone # _____

Type of work _____

Supervisor Name _____ May we contact this person? _____

Reason for leaving _____

Employer 3 _____ Dates Worked _____

Address _____ Phone # _____

Type of work _____

Supervisor Name _____ May we contact this person? _____

Reason for leaving _____

Have you been discharged or forced to resign from a job for any reason? ____ Yes or ____ No (Mark One)

If yes, please explain: _____

Have you ever been convicted of a felony? ____ Yes or ____ No (Mark One)

If yes, please explain: _____

Education

High School _____ Diploma/GED _____
Vo-Tech School _____ Degree _____ Year _____
College _____ Degree _____ Year _____
Post-College _____ Degree _____ Year _____
Other _____ Degree _____ Year _____

Personal References

Name _____ Address _____
Nature of Relation _____ Phone # _____
Email _____

Name _____ Address _____
Nature of Relation _____ Phone # _____
Email _____

Name _____ Address _____
Nature of Relation _____ Phone # _____
Email _____

Authorization and Disclaimers

I hereby certify this application contains no misrepresentation and the information during interviews is true and complete as of my knowledge and belief. I understand and acknowledge should an investigation disclose, at any time, any such misrepresentation from the application or in interviews, my application may be rejected and if employed by Baptist Homes and Healthcare Ministries (BHHM), my employment with BHHM may be terminated.

Also, I hereby authorize all previous employers listed on this application to release information regarding my period of employment and compensations to BHHM in accordance with the Family Educational Rights and Privacy Act of 1975.

Also, I give permission for BHHM to conduct a criminal background check as provided in 610.120, RSMo and inquire with the Missouri Department of Health and Senior Services as to whether I am disqualified for

employment according to the Employee Disqualification List. Also, be aware that we verify workman's compensation records for an active case. I hereby agree to submit to any drug test required of me now and in the future.

Also, I understand and acknowledge BHHM is an "Employment at Will" organization, in that BHHM may hire or terminate employment for any reason or for no reason, unless otherwise defined by applicable law.

Also, I understand and acknowledge BHHM is an Equal Opportunity Employer. It is the policy of BHHM to provide equal opportunity in employment to all employees without regard to race, color, religion, sex, national origin, age, disability, or any characteristic protected by law.

Also, I understand and acknowledge the completion of this application is not a contract or guarantee of employment.

Applicant Signature _____ **Date** _____

How did you hear about us?

Newspaper Ad _____ Radio Ad _____ Social Media _____ Friend _____ Employee _____

Just Dropped In _____ Church _____ Posters _____ Bulletin Board _____ Sign at Road Entrance _____

Other _____

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