

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer  
 Pre-Employment Drug Screen Required  
 BCMH is a Tobacco-Free Campus

**BATES COUNTY MEMORIAL HOSPITAL**

615 W. Nursery St., P. O. Box 370

Butler, Missouri 64730

Phone: 660-200-7044

Fax: 660-200-7004

www.bcmhospital.com



|   |       |            |  |   |  |
|---|-------|------------|--|---|--|
| <b>INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED</b>   |       |            | <b>Today's Date:</b>                               |   |  |
| <b>PERSONAL DATA</b>  |       |            |  |   |  |
| Last Name   |       | First Name |  | Middle Initial                              |  |
| Street Address  |       |            |  | Home Phone<br>( )                           |  |
| City  | State | Zip Code   | Business Phone<br>( )                              |   |  |
| Email Address   |       |            |  | Cell Phone<br>( )                           |  |
| Are you at least 18 years of age?<br>_____YES _____NO   |       |            |  | Are you a U.S. Citizen?<br>_____YES _____NO |  |
| Are you legally eligible for employment in the United States?<br>_____YES _____NO   |       |            |  | Date you can begin employ-<br>ment:         |  |
| Do you require sponsorship for employment in the United States?<br>_____YES _____NO   |       |            |  |   |  |
| Please list all of your previous last names, including maiden name: _____   |       |            |  |   |  |
| Are you related to anyone employed by Bates County Memorial Hospital? _____YES _____NO<br>If yes: Name: _____ Relationship: _____   |       |            |  |   |  |
| Are you presently employed? _____YES _____NO May we contact your present employer? _____YES _____NO   |       |            |  |   |  |
| Have you ever been convicted for a violation of any federal, state, county or municipal law, with the exception of minor traffic viola-<br>tions? _____YES _____NO<br>If yes, state place, date and reason: |       |            |  |   |  |
| Are you able to perform the essential functions of the position with or without a reasonable accommodation?<br>_____YES _____NO   |       |            |  |   |  |
| Have you ever been employed by Bates County Memorial Hospital? _____YES _____NO<br>If yes: Date: _____ Department: _____ Position: _____  |       |            |  |   |  |
| <b>TYPE OF EMPLOYMENT</b>   |       |            |  |   |  |
| Position Applied For:   |       |            |  |   |  |
| Hours Available to Work:<br>_____ Full Time _____ Part Time _____ PRN _____ DAY _____ EVENING _____ NIGHT   |       |            |  |   |  |
| Are you able to work weekends?<br>_____YES _____NO  |       |            | Are you able to work holidays?<br>_____YES _____NO |   |  |
| List skills you possess which should be considered in your employment:  |       |            |  |   |  |
| Referral Source: _____Newspaper Advertisement _____Website _____Employee _____Relative _____Walk-In<br>Name of source:  |       |            |  |   |  |

**THE FOLLOWING SECTIONS MUST BE READ AND SIGNED BEFORE YOUR APPLICATION CAN BE CONSIDERED FOR EMPLOYMENT.**

**SUBSTANCE ABUSE POLICY**

It is the policy of Bates County Memorial Hospital to create a drug and alcohol-free workplace. I understand that as a condition of employment with Bates County Memorial Hospital, I must satisfactorily complete and pass the mandatory substance abuse test. I fully understand that if I test positive to any prohibited substance in the substance abuse test, I will be terminated from employment and/or ineligible for employment. If I test positive for a prescription medication, I am responsible to provide proof of such prescription before employment. Use of prescription medications that could impair judgment may result in termination and/or ineligibility for employment.

My signature below indicates that I agree to this examination and testing and that the results thereof may be used by Bates County Memorial Hospital in its review and consideration of my employment status, and I hereby release Bates County Memorial Hospital and its agents from any liability or claim as a result of this procedure or any liability or claim arising out of the information obtained above.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DISCLOSURE REGARDING PROCUREMENT OF CONSUMER REPORT AND E-VERIFY**

In addition to regular job reference checks, it is the policy of Bates County Memorial Hospital to request a criminal record check of all applicants for employment at the time an offer of employment has been made and no later than the first two days of employment, provided by the Missouri Highway Patrol with respect to information in Missouri, and if necessary, from a consumer reporting agency with respect to information outside Missouri.

In order to determine whether Form I-9 documentation is valid, at the time an offer of employment has been made and no later than the first three days of employment, this employer uses E-Verify to confirm work authorization, E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official USCIS photograph. If you believe that your employer has discriminated against you during the verification process based upon your national origin or citizenship status, you can call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

Missouri law makes it illegal for licensed hospitals under contract with the Department of Social Services to knowingly hire a person for a position for the purpose to have contact with patients if that person has been convicted of or pled guilty or nolo contendere to class A or B felonies in Missouri or other states, or is currently on the disqualification list of the Department of Social Services. Information received as a result of this record check will be held in strictest confidence and will be used solely for the purpose of determining the suitability of an applicant for employment.

I acknowledge receipt of this disclosure and if I am offered employment, authorize that a criminal background check pursuant to Missouri law be conducted, with an E-Verify employment eligibility verification of I-9 information.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPLICANT'S AGREEMENT**

I have read all the questions on this application, have accurately answered all that applied to me, and certify that all information is correct. I authorize Bates County Memorial Hospital and its employees, without liability, to investigate the accuracy of all information supplied by me and expressly authorize it and its employees to contact and obtain information concerning me from my present (unless otherwise indicated by me) and former employers and those persons named as references, academic, occupational, health, police, and government records. I authorize listed employers and references to make full response to any inquiries by this hospital in connection with this application for employment without liability.

I further agree that neither the reason for my employment or non-employment by the hospital, nor any information received by the hospital from such employers or references shall be disclosed to me, and I waive any right to obtain such information from the hospital, or to examine and obtain copies of such information if written.

I understand and agree that my misrepresentation of any information in this application or supplement to it such as a resume or questionnaire is sufficient reason to be eliminated from consideration for employment and to cause removal from employment if discovered after I am employed.

In addition, I understand that updated employee manuals or handbooks and/or employee briefings pertaining thereto which may be provided by the hospital shall not be construed as creating any form of employment agreement nor serve as an independent basis of contract for employment. I further understand my employment and compensation can be discontinued, with or without cause, and with or without notice, at any time, at the option of either the hospital or myself. If employed, I agree to work the hours, days and shifts as scheduled by the Hospital, including weekends or holidays, and I agree to conform to the rules and regulations of Bates County Memorial Hospital now in effect and as may be amended by the hospital in the future.

I have read the foregoing paragraphs and knowingly make this authorization.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## WORK HISTORY

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD.  
START WITH PRESENT OR MOST RECENT EMPLOYER.

|                               |  |  |
|-------------------------------|--|--|
| Employer                      | From _____<br>Mo/Yr                                    | _____ Full Time    _____ Part Time<br>Describe your position duties: |
| Address: Street, City & State | To _____<br>Mo/Yr                                      |  |
| Telephone No.<br>(    )       | Final Salary: \$ _____<br>_____ Hourly    _____ Yearly |  |
| Supervisor's Name and Title   | Your Job Title:  | Reason for Leaving:  |
| Employer                      | From _____<br>Mo/Yr                                    | _____ Full Time    _____ Part Time<br>Describe your position duties: |
| Address: Street, City & State | To _____<br>Mo/Yr                                      |  |
| Telephone No.<br>(    )       | Final Salary: \$ _____<br>_____ Hourly    _____ Yearly |  |
| Supervisor's Name and Title   | Your Job Title:  | Reason for Leaving:  |
| Employer                      | From _____<br>Mo/Yr                                    | _____ Full Time    _____ Part Time<br>Describe your position duties: |
| Address: Street, City & State | To _____<br>Mo/Yr                                      |  |
| Telephone No.<br>(    )       | Final Salary: \$ _____<br>_____ Hourly    _____ Yearly |  |
| Supervisor's Name and Title   | Your Job Title:  | Reason for Leaving:  |
| Employer                      | From _____<br>Mo/Yr                                    | _____ Full Time    _____ Part Time<br>Describe your position duties: |
| Address: Street, City & State | To _____<br>Mo/Yr                                      |  |
| Telephone No.<br>(    )       | Final Salary: \$ _____<br>_____ Hourly    _____ Yearly |  |
| Supervisor's Name and Title   | Your Job Title:  | Reason for Leaving:  |
| Employer                      | From _____<br>Mo/Yr                                    | _____ Full Time    _____ Part Time<br>Describe your position duties: |
| Address: Street, City & State | To _____<br>Mo/Yr                                      |  |
| Telephone No.<br>(    )       | Final Salary: \$ _____<br>_____ Hourly    _____ Yearly |  |
| Supervisor's Name and Title   | Your Job Title:  | Reason for Leaving:  |

## EDUCATIONAL BACKGROUND

| SCHOOLING LEVEL                      | NAME & ADDRESS | COURSE OF STUDY | DATES ATTENDED                             | DID YOU GRADUATE<br>TYPE OF DEGREE  |
|--------------------------------------|----------------|-----------------|--|---|
| High School                          |                |                 | Not Applicable                             | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>GED <input type="checkbox"/> YES  |
| College/<br>University/<br>Technical |                |                 | Not Applicable                             | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Degree: _____<br>Date Rec'd _____ |
| Graduate School                      |                |                 | From: _____<br>Mo/Yr<br>To: _____<br>Mo/Yr | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Degree: _____<br>Date Rec'd _____ |

## PROFESSIONAL REGISTRATION, LICENSURE, or CERTIFICATION

LIST CURRENT LICENSES AND/OR CERTIFICATIONS INCLUDING NUMBER AND EXPIRATION DATE

| License/Certification | Number | Date Received | Expiration Date |
|-----------------------|--------|---------------|-----------------|
|                       |        |               |                 |
|                       |        |               |                 |
|                       |        |               |                 |
|                       |        |               |                 |
|                       |        |               |                 |

Has any registration, certification or license ever been revoked or have you ever been placed on probation by any Board of Licensure or Registration?  YES    NO   If yes, explain giving dates and reasons:

## PLEASE ACCOUNT FOR ANY PERIOD OF UNEMPLOYMENT OF A MONTH OR MORE DURING THE PAST FIVE YEARS

|                     |            |        |
|---------------------|------------|--------|
| Dates: From (Mo/Yr) | To (Mo/Yr) | Reason |
|                     |            |        |
| Dates: From (Mo/Yr) | To (Mo/Yr) | Reason |
|                     |            |        |
| Dates: From (Mo/Yr) | To (Mo/Yr) | Reason |
|                     |            |        |

**HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION?**  YES    NO   If yes, please explain:

## PERSONAL REFERENCES – COMPLETE ONLY IF YOU HAVE NO WORK HISTORY

LIST THREE PEOPLE FAMILIAR WITH YOUR WORKING/TECHNICAL ABILITY, CHARACTER, OR BACKGROUND WHOM WE MAY CONTACT.  
DO NOT INCLUDE RELATIVES.

|            |         |
|------------|---------|
| NAME       | ADDRESS |
| OCCUPATION | PHONE   |
| NAME       | ADDRESS |
| OCCUPATION | PHONE   |
| NAME       | ADDRESS |
| OCCUPATION | PHONE   |