



Application for Employment

Type of employment applying for: Facility-Based (Organizational) Employment Staff Employment

*Completed applications may be sent by postal mail or delivered in person to
BCI, 200 Trade Center Dr. W, St. Peters, MO 63376
or emailed to employment@boonecenter.com.*

All statements made by applicants for employment may be checked for accuracy.

FOR OFFICE USE ONLY

Received Date: _____

Receipt Alert Date: _____

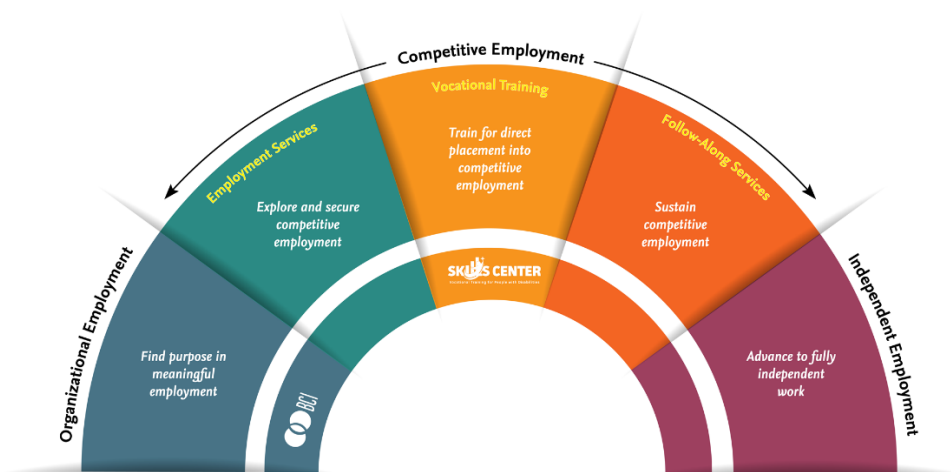
Interview Date: _____

In-processing Date: _____

Hiring Date: _____

BCI's Employment Continuum

Our mission is to inspire and support people with disabilities, challenging personal growth and development through a continuum of innovative employment opportunities.



Admission Criteria

Organizational Employment

- 18 years or older
- Documented disability (the documented disability will be used for certification through the Department of Elementary and Secondary Education)
- Be independent in self-care needs, to include self-administration of medications
- Able to work at least 20% of the established productivity rate in repetitive motion packaging and assembly
- Capable of following appropriate safety measures and be incident free of any aggressive behaviors
- Have the desire to participate in a learning work environment with supports

Competitive Employment

- 16 years of age or older
- Open case with Vocational Rehabilitation (VR) or Department of Mental Health (DMH) waived Employment Services
- Diagnosed disability

Skills Center Vocational Training

- 18 years of age or older
- Diagnosed disability

Staff Employment

- Please see job posting per each employment position

Once you submit an application, a BCI representative will contact you regarding your desired position. If you are unaware of what position you would like to pursue, the representative will explain all aspects of our employment continuum. Tours are always encouraged to ensure BCI is an appropriate fit for your employment needs.

Transportation is not provided by BCI. However, we are able to assist you in coordinating resources.

Personal Data

Date of Application _____

Last Name _____ First _____ Middle Initial _____

Street Address _____

City, State, Zip Code _____

Home Phone _____ Cell Phone _____ Email Address _____

Position Applied For _____

How did you hear about BCI? _____ If Applicable, Referred by _____

Do you have a Case Manager? Yes No Are you 18 years of age or older? Yes No

A case manager is someone who supports you with information and resources regarding moving toward independence, services, goal setting, and help in accessing public services including financial, housing, etc.

Case Manager's Name _____ Agency Name _____

Have you previously been employed by BCI? Yes No

Do you share a household with, or are you related to, anyone currently employed at BCI? Yes No

Type of Employment Desired: Full-time (40 hours a week) Part-time (5 days a week) Part-time (3 days a week)

Overtime may be required from time to time. Will you be able to complete overtime work if desired? Yes No

Upon employment, are you able to submit verification of your legal right to work in the United States? Yes No

Upon employment, you will be required to show proof of citizenship or alien registration receipt.

If selected for employment, are you willing to submit to a background check which includes a drug screening? Yes No

A charge, indictment or conviction is not an automatic bar to employment. The nature of the conviction or pending charge and its relationship to the position applied for, the degree of rehabilitation that has occurred and the time elapsed since the crime or release from confinement will all be considered. Additionally, If you are listed as "disqualified for employment" on any funder lists i.e. Division of Health & Senior Services, Department of Mental Health, or have been convicted of a "disqualifying crime" per our funder guidelines, you may be ineligible for hire.

Education

	Name of School	City, State, Zip	Course of Study (Major)	Did you graduate?	Diploma/GED, Degree Received
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Trade, or Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History*

** You may attach your resume; however, you must complete all information requested on this application in order to be considered for any position with the company. Omissions will automatically invalidate the application and terminate the employment process.*

Complete the following beginning with your most recent position and going back a minimum of 10 years, if possible, and including any military service or volunteer work. Please account for any breaks in employment at the bottom of this page.

Company Name: _____ Dates Employed: From _____ To _____ (mo/yr)
Address: _____ Phone: _____
City, State, Zip: _____ Title/Position: _____
Supervisor's Name and Title: _____
Briefly describe your duties: _____
Person(s) we may contact for reference: _____
Reason for leaving: _____

Company Name: _____ Dates Employed: From _____ To _____ (mo/yr)
Address: _____ Phone: _____
City, State, Zip: _____ Title/Position: _____
Supervisor's Name and Title: _____
Briefly describe your duties: _____
Person(s) we may contact for reference: _____
Reason for leaving: _____

Company Name: _____ Dates Employed: From _____ To _____ (mo/yr)
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Reason for leaving: _____

Company Name: _____ Dates Employed: From _____ To _____ (mo/yr)
Address: _____ Phone: _____
City, State, Zip: _____ Title/Position: _____
Supervisor's Name and Title: _____
Briefly describe your duties: _____
Person(s) we may contact for reference: _____
Reason for leaving: _____

Comments regarding any breaks in employment: _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain: _____

Skills / Training / Languages Spoken

List any special skills you have or specific training you have received that are applicable to the position for which you are applying:

Read _____ Write _____ Speak _____

Professional Registration / Licensure or Certification

Type: _____ State: _____ ID No. _____ Expiration Date: _____

Type: _____ State: _____ ID No. _____ Expiration Date: _____

Other states where formerly or currently registered. _____

Is your professional license/registration/certification currently suspended or revoked in any state? Yes No

If yes, please explain: _____

Have you ever had a professional license/registration/certification revoked in any state? Yes No

If yes, please explain: _____

Certification

By signing this application, and as an applicant for employment, I understand and certify the following:

<p>The information given by me in this application is complete and true in all respects. Any omission, misrepresentation or falsification will preclude my application from further consideration. If employed, the subsequent disclosure of any omission, misrepresentation or falsification of information will result in the termination of my employment. Nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between BCI and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promises or guarantees are binding upon BCI, unless made in writing. If I am offered employment by BCI my employment will be for no definite term and that either I or BCI will have the right to terminate the employment relationship at any time, without cause and with or without notice.</p>	<p>I recognize that Missouri is an Employment-At-Will state. I also understand that this status can only be altered by a written contract that is specific as to all material terms and is signed by me and the Chief Executive Officer of BCI. BCI will make all necessary and appropriate investigations to verify the information contained herein. If I am offered employment, my employment is conditional upon the provision of satisfactory proof of my identity and legal authority to work in the United States as well as receipt of satisfactory background screening and criminal background reports. I also understand that I may be required to submit to a pre-employment drug screening for substance abuse and that my employment will be conditional upon receipt of a satisfactory screening. Any employee handbook or other personnel policies maintained by BCI do not constitute an employment contract, but are merely gratuitous statements of BCI's current policies.</p>
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Applicant Signature: _____ Date: _____

This application will remain active for a period of 90 days.

It is the policy of BCI to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability or veteran status or any other legally protected status as required by federal or state law.

COMPLETING THIS FORM IS VOLUNTARY AND IS NOT A REQUIREMENT FOR EMPLOYMENT.

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position for which the applicant applied. The information requested on this sheet is for the purpose of our compliance with these recordkeeping requirements and to determine recruiting and employment patterns.

The information collected will not be used for employment purposes and will not be maintained with an employee's personnel file.

BCI believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, physical or mental disability, veteran status, age, or marital status.

Name: _____

Position: _____ Date: _____

GENDER: *Please check one.*

Male Female

RACE/ETHNICITY: *Please check one of the descriptions below corresponding to the ethnic group with which you identify.*

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the races listed above.

I choose not to self-identify.