



Organizational Employment Application

*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.

*Applications for Organizational Employment from adults with disabilities will remain active on our applicant list for six months.
If you have not been contacted within six months and are still interested in employment, we encourage you to reapply.*

FOR OFFICE USE ONLY

Received Date: _____

Receipt Alert Date: _____

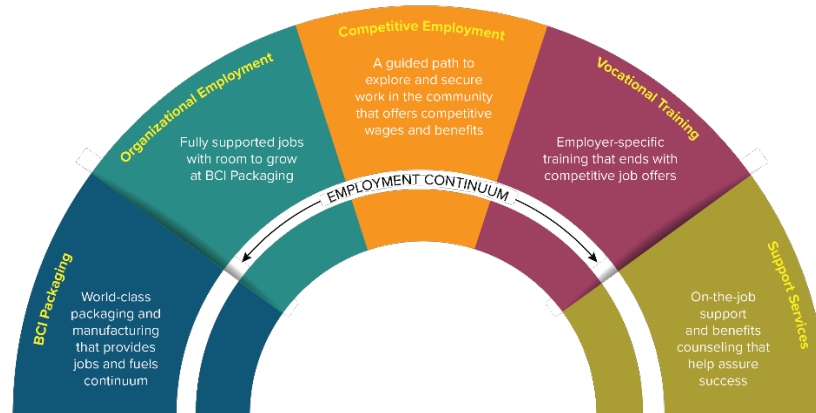
Interview Date: _____

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.



Organizational Employment Hiring Criteria

Organizational Employment is open to individuals without regard to race, color, religion, gender, national origin, age, or any other categories protected by applicable federal, state or local law who meet the following qualifications:

- 18 years of age or older
- Documented disability
- Able and willing to work
- Reside in Missouri in St. Charles County or Lincoln County
- Eligible for certification through Vocational Rehabilitation, Department of Elementary and Secondary Education or Department of Mental Health
- Able to follow safety guidelines
- Able to self-administer medications
- Seizures controlled with prescribed medication
- Independent in self-care needs
- Demonstrated work skills at a minimum of 10% of industrial standards

Once you apply, a BCI representative will contact you regarding your desired position. If you are unsure about the position you would like to pursue, the representative will explain all aspects of our employment continuum. Tours are highly encouraged to ensure BCI is a suitable fit for your employment needs.

BCI does not provide transportation. However, we can assist you in coordinating resources.

Personal Data

Date of Application _____

First Name _____ Last Name _____ Middle Initial _____

Email Address _____

Phone Number _____

Street Address _____

City, State, Zip Code _____

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, and goal setting, and helps you access public services, including financial and housing services.

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 (29 hours a week) ☐ Part-time (18-24 hours, 3 days a week)

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 an 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. 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	

Work or Volunteer History

Complete the following, beginning with your most recent position and going back a minimum of 10 years, if possible.

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

Address: _____

Phone: _____ Supervisor's Name & Title: _____

Briefly describe your duties: _____

Reason for leaving: _____

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

Address: _____

Phone: _____ Supervisor's Name & Title: _____

Briefly describe your duties: _____

Reason for leaving: _____

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

Address: _____

Phone: _____ Supervisor's Name & Title: _____

Briefly describe your duties: _____

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 applies to the position for which you are applying:

Talents, Strengths, Employment Goals

Certification

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

The information provided in this application is complete and accurate 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 the granting of an interview is intended to create an employment contract between BCI and me 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 BCI offers me employment, my employment will be for no definite term, and either I or BCI will have the right to terminate the employment relationship at any time, without cause and with or without notice.

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.

Applicant Signature: _____ Date: _____

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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 about factors such as race, sex, and the type of position for which the applicant applied. The information requested on this sheet is for 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 that all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment based on 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 ☐ Decline to Answer

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 Philippines, 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 maintains 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.

☐ **Decline to Answer**