



Missouri Baptist Children's Home
 11300 St. Charles Rock Road - Bridgeton, MO 63044

EMPLOYMENT APPLICATION:

Please fill out form **COMPLETELY** for employment consideration
 Mail or Email completed form to: human.resources@mbch.org



Fax Us:
(314) 739-6325



Call Us:
(314) 739-6811
1-800-264-6224

Visit Us:
www.mbch.org

PERSONAL INFORMATION

Last:	First:	MI:	Primary Phone:	Secondary Phone:
Street:	City:	State:	Email:	
How did you learn about MBCH?	Position Desired:	Location:		

Are you at least 18 years old?	Yes	No	If hired, can you furnish proof of age?	Yes	No
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BACKGROUND

Have you ever been employed by the State of Missouri?	Yes	No	Did you leave State employment in good standing?	Yes	No		
Are you related to anyone now associated with or formerly associated with Missouri Baptist Children's Home or any of its affiliates? If yes, who?			Yes	No			
If hired, can you furnish proof that you are eligible to work in the US?			Yes	No			
Have you ever been convicted of, or have you entered a plea of guilty or nolo contendere, to any felony or misdemeanor criminal charge, including one in which you received a suspended imposition sentence, suspended execution of sentence or any period probation or parole? If yes, explain:					Yes	No	
Have you had a "finding" for child abuse or neglect from a local or state child welfare agency? If yes, explain:			Yes	No			
Are you licensed to drive?	Yes	No	Class (type) of License:	Operator	Chauffer	Other:	State:

Some positions require the successful candidate to have a valid driver's license and must provide proof when offered employment.

EDUCATIONAL BACKGROUND

If hired, transcripts will be required for graduate and undergraduate programs.

Name/Address of High School	# of Years Attended:	Course of Study:
Name/Address of College	# of Years Attended:	Major:
		Degree Received:
Name/Address of Graduate or Business School, Seminary	# of Years Attended:	Course of Study:
		Degree Received:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Complete addresses must be provided to process the application.

Can we contact your most recent and/or current employer? Yes No If not, why?

Have you ever been dismissed or asked to resign from a job? Yes No If yes, why?

Employer:	Dates Employed	Work Performed:
	From: To:	
Address:	Phone:	
City, State, Zip:	Hourly Rate/Salary	
	Starting: Final:	
Job Title:		Employer E-mail:
Supervisor:		Employer Website:
Reason for Leaving:		Position was: Part-Time Full-Time

Employer:	Dates Employed	Work Performed:
	From: To:	
Address:	Phone:	
City, State, Zip:	Hourly Rate/Salary	
	Starting: Final:	
Job Title:		Employer E-mail:
Supervisor:		Employer Website:
Reason for Leaving:		Position was: Part-Time Full-Time

Employer:	Dates Employed	Work Performed:
	From: To:	
Address:	Phone:	
City, State, Zip:	Hourly Rate/Salary	
	Starting: Final:	
Job Title:		Employer E-mail:
Supervisor:		Employer Website:
Reason for Leaving:		Position was: Part-Time Full-Time

Employer:	Dates Employed	Work Performed:
	From: To:	
Address:	Phone:	
City, State, Zip:	Hourly Rate/Salary	
	Starting: Final:	
Job Title:		Employer E-mail:
Supervisor:		Employer Website:
Reason for Leaving:		Position was: Part-Time Full-Time

REFERENCES

Do not list relatives or previous employers. Contact information must be complete and current.

Name: Primary Phone: Secondary Phone:

Address:

Email: Relationship:

Name: Primary Phone: Secondary Phone:

Address:

Email: Relationship:

Name: Primary Phone: Secondary Phone:

Address:

Email: Relationship:

Name: Primary Phone: Secondary Phone:

Address:

Email: Relationship:

FAITH BASED INFORMATION

Church Name: Church Phone:

Street: City: State: Zipcode:

Pastor's Name: Pastor's Phone:

Pastor's Email:

Alternate Pastor/Church Leader's Name: Position:

Email: Phone: Church Website:

AUTHORIZATION AND RELEASES

I authorize my employer, or potential employer, to investigate, obtain, compile, examine, copy, or receive any records pertaining to my employment history; to obtain a copy of my college transcript(s); and understand completely and without reservation allow my employer to release and/or discuss any information about my employment history or college transcript(s) with authorized personnel of the Department of Social Services. This review may be through a third party consumer/investigative report or through MBCH's own investigation.

I understand the scope of this review may include in addition to the items stated in the first paragraph, and is not limited to, the following additional areas: verification of Social Security number; current and previous residences; including all personnel files; education; references; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; child abuse and neglect; and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I may have to provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish MBCH or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

By authorization of the above, I agree to release and hold harmless any individual, partnership, corporation, educational institution, or agency, its officers, agents and employees, as well as the State of Missouri, from any liability for any damage whatsoever for issuing such information which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release.

I understand that my employment with MBCH would be as an "at will" employee. This means MBCH may terminate my employment at any time with or without cause without prior notification. Similarly, I may resign at any time with or without cause.

The application contains no misrepresentation or falsifications and the information given is true and complete to the best of my knowledge and belief, that, I, the applicant am aware that should an investigation at any time disclose any such misrepresentation or falsification as to a material fact, the application will be rejected or if selected, I, the applicant, may be dismissed by the employer.

Printed Name

Signature

Date

PERMISSION FOR DRIVING RECORD REPORT

MBCH intends to obtain a motor vehicle driving record report for the undersigned in connection with the undersigned's job application or employment with MBCH. The undersigned hereby gives his/her permission for MBCH to procure a motor vehicle driving record report on the undersigned's driving record.

Printed Name

Signature

Date