

STATE OF MISSOURI  
DEPARTMENT OF MENTAL HEALTH  
SOUTHEAST REGION

Human Resources  
1025 North Sprigg Street  
Cape Girardeau, MO 63701

# EMPLOYMENT APPLICATION

## *Cottonwood Residential Treatment Center (CRTC)*

NAME (LAST)		(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	COUNTY
TELEPHONE NUMBER	ALTERNATE/CELL NUMBER	HAVE YOU WORKED UNDER ANY OTHER NAME? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHAT NAME(S)?		MAIDEN NAME	

FOR WHAT POSITION(S) ARE YOU APPLYING?  RN  LPN  Psychiatric Tech  Direct Care Aide  
 Other \_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS POSITION?  Newspaper  Division of Family Services  Family/Friend \_\_\_\_\_  
 Job Service  Just walked in  Other \_\_\_\_\_

FOR WHAT TYPE OF EMPLOYMENT ARE YOU APPLYING?  FULL TIME  PART TIME  TEMPORARY  ANY

WHAT IS THE MINIMUM SALARY YOU WILL ACCEPT? \_\_\_\_\_

STATE LAW PROHIBITS THE HIRING OF RELATIVES IN CERTAIN SITUATIONS. DO YOU HAVE ANY RELATIVES (SPOUSE, CHILD, PARENT, SIBLING, GRANDPARENT OR GRANDCHILD) WORKING FOR THE DEPARTMENT OF MENTAL HEALTH?  Yes  No **IF YES, STATE DETAILS** \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY ANY STATE OF MISSOURI AGENCY?  Yes  No IF YES, PLEASE STATE AGENCY NAME, JOB TITLE, DATES OF EMPLOYMENT, REASON FOR LEAVING & WHETHER ELIGIBLE FOR REHIRE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY OR NOLO CONTENDERE TO, **ANY CRIME** OTHER THAN A MINOR TRAFFIC VIOLATION, INCLUDING ANY SUSPENDED IMPOSITION OR EXECUTION OF SENTENCE; OR HAVE YOU SERVED ANY PERIODS OF PAROLE OR PROBATION?  Yes  No IF YES, STATE DETAILS \_\_\_\_\_

HAVE YOU EVER BEEN FOUND TO HAVE ABUSED OR NEGLECTED ELDERLY OR HANDICAPPED PATIENTS OR RESIDENTS, OR HAVE YOU BEEN PLACED ON THE EMPLOYEE DISQUALIFICATION LIST OF THE DIVISION OF AGING?  Yes  No

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES OR FRIENDS CURRENTLY OR POTENTIALLY RECEIVING SERVICES AT COTTONWOOD RESIDENTIAL TREATMENT CENTER (CRTC)?  Yes  No *IF YES, THIS WILL BE DISCUSSED CONFIDENTIALLY WITH THE INTERVIEWER.*

### RECORD OF EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL OR OBTAINED A GED?  YES  NO  
ARE YOU CURRENTLY ATTENDING SCHOOL/COLLEGE?  YES  NO

#### LIST COLLEGE, UNIVERSITY OR VOCATIONAL SCHOOL BELOW

NAME AND LOCATION	DATES OF ATTENDANCE	COURSE OF STUDY	SEMESTER HOURS OR CLOCK HOURS COMPLETED	LIST DIPLOMA OR DEGREE ATTAINED
NAME				
LOCATION				
NAME				
LOCATION				

### RECORD OF EMPLOYMENT/MILITARY SERVICE

(Begin with current or most recent employer)

(Attach additional sheets if necessary. Resume may be used if ALL information is available.)

NAME AND ADDRESS OF EMPLOYER	FROM		TO		HOURS PER WEEK	POSITION HELD AND DUTIES	
	MONTH	YEAR	MONTH	YEAR			
							NAME OF SUPERVISOR
							TELEPHONE
							REASON FOR LEAVING
							NAME OF SUPERVISOR
							TELEPHONE
							REASON FOR LEAVING
							NAME OF SUPERVISOR
							TELEPHONE
							REASON FOR LEAVING
							NAME OF SUPERVISOR
							TELEPHONE
							REASON FOR LEAVING
							NAME OF SUPERVISOR
							TELEPHONE
							REASON FOR LEAVING

MAY WE CONTACT YOUR CURRENT EMPLOYER(S)?  Yes  No MAY WE CONTACT YOUR FORMER EMPLOYER(S)?  Yes  No  
 IF YES, YOUR SIGNATURE BELOW AUTHORIZES ANY CURRENT AND/OR FORMER EMPLOYER TO FURNISH THE DEPARTMENT OF MENTAL HEALTH WITH ANY AND ALL INFORMATION CONCERNING YOUR EMPLOYMENT AND RELEASES ANY CURRENT AND/OR FORMER EMPLOYER FROM ALL LIABILITY FOR AND DAMAGES IN FURNISHING SUCH INFORMATION.

IF YOU ARE CURRENTLY CERTIFIED, REGISTERED, OR LICENSED TO PRACTICE YOUR PROFESSION OR OCCUPATION, GIVE NAME OF ASSOCIATION OR LICENSING AUTHORITY \_\_\_\_\_  
 CERTIFICATION, REGISTRATION, OR LICENSING NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 CERTIFIED, REGISTERED, OR LICENSED IN THE STATE OF MISSOURI?  YES  NO

IF LICENSED, HAS YOUR PROFESSIONAL LICENSE (EXCEPT FOR DRIVER'S LICENSE) EVER BEEN DISCIPLINED, SUSPENDED, REVOKED, REPRIMANDED, RESTRICTED, CURTAILED, OR VOLUNTARILY SURRENDERED, OR DO YOU HAVE ANY PENDING COMPLAINTS BEFORE ANY REGULATORY BOARD OR AGENCY, OR IS THERE ANY INVESTIGATION OR ADVERSE ACTION NOW PENDING AGAINST YOU?  YES  NO IF YES, EXPLAIN ALL SUCH INCIDENTS, GIVING FACTS AND DATES, AND DESCRIBING ANY ACTION THAT YOU TOOK AND ANY RESOLUTION TO THE MATTER. (IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET.) \_\_\_\_\_

SHOULD I BE EMPLOYED BY THIS FACILITY, I UNDERSTAND THAT I WILL BE REQUIRED TO FULFILL ALL ESSENTIAL FUNCTIONS OF THE JOB I AM HIRED TO PERFORM, WITH OR WITHOUT ACCOMODATION. INABILITY TO DO SO MAY RENDER ME NO LONGER QUALIFIED FOR THE POSITION, AND MAY BE CONSIDERED CAUSE FOR DISMISSAL.

A DRUG SCREEN WILL BE PERFORMED PRIOR TO EMPLOYMENT. EMPLOYMENT WILL BE CONTINGENT UPON NEGATIVE RESULTS.

I UNDERSTAND THAT COTTONWOOD RESIDENTIAL TREATMENT CENTER PROMOTES A DRUG FREE WORK PLACE AND AGREE TO TESTING AS THE FACILITIES DEEM NECESSARY.

I UNDERSTAND THAT COTTONWOOD RESIDENTIAL TREATMENT CENTER IS A TOBACCO FREE ENVIRONMENT WHICH PROHIBITS THE USE/POSSESSION OF ALL TOBACCO PRODUCTS ON GROUNDS, BUILDINGS, AND PARKING LOTS. I AGREE TO COMPLY WITH THE SOUTHEAST REGION POLICY, R-LD.190 – SMOKE/TOBACCO FREE CAMPUS.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT ANY FALSIFICATION OR MISREPRESENTATION MAY RESULT IN MY DISMISSAL AT ANY TIME THEREAFTER SHOULD I BE EMPLOYED BY THE STATE OF MISSOURI.

SIGNATURE	E-MAIL ADDRESS	DATE

OFFICE USE ONLY:  MESH record attached  No record found in MESH

**JEREMIAH W. (JAY) NIXON**  
GOVERNOR

**KEITH SCHAFFER, Ed.D.**  
DIRECTOR

**MARK STRINGER**  
DIRECTOR  
**DIVISION OF ALCOHOL  
AND DRUG ABUSE**  
(573) 751-4942  
(573) 751-7814 FAX  
and  
ACTING DIRECTOR  
**DIVISION OF COMPREHENSIVE  
PSYCHIATRIC SERVICES**  
(573) 751-8017  
(573) 751-7815 FAX



**JULIE INMAN**  
SOUTHEAST REGION EXECUTIVE OFFICER

**MARTHA A. CASSEL**  
CHIEF OPERATING OFFICER

**STATE OF MISSOURI**  
**DEPARTMENT OF MENTAL HEALTH**  
DIVISIONS OF ALCOHOL AND DRUG ABUSE  
AND  
COMPREHENSIVE PSYCHIATRIC SERVICES

COTTONWOOD RESIDENTIAL TREATMENT CENTER  
1025 NORTH SPRIGG STREET  
CAPE GIRARDEAU, MO 63701  
PH.: 573-290-5888  
FAX: 573-290-5895  
[www.dmh.mo.gov](http://www.dmh.mo.gov)

## AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I have made application to Cottonwood Residential Treatment Center for employment. I request and authorize you to release all information requested by Cottonwood Residential Treatment Center, including that concerning my employment record, character, habits and ability, as you think them to be, and the reason for my leaving your employ.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

# QUESTIONNAIRE

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_  
Home Work Cell

POSITION APPLYING FOR \_\_\_\_\_

1. Do you have a valid and current Driver's License? \_\_\_ Yes \_\_\_ No. If yes, what state? \_\_\_\_\_  
If "No" please explain \_\_\_\_\_

2. Why are you applying for this job? \_\_\_\_\_  
\_\_\_\_\_

3. Please list experience that helps qualify you for this position \_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been investigated for Child Abuse/Neglect?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

5. How soon are you available for work? \_\_\_\_\_

6. May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Do you understand our no-smoking policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Please circle the positions you are willing to work: Full-Time Part-Time Half-Time

9. Are you currently attending SEMO University? If yes, please indicate your class schedule: \_\_\_\_\_  
\_\_\_\_\_

10. Do you understand that the information you have supplied to us will be checked and your references contacted prior to an offer of employment? All offers of employment are conditional, subject to an acceptable criminal record check and child abuse screening.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

## REFERENCES

Please list below at least three employers for whom you have worked that we may contact for a reference between the hours of 8a.m. and 5p.m. Monday through Friday. Be sure to list the employer's complete name, address, and phone number as well as your immediate supervisor's name. **We must obtain a minimum of three references. Inability to obtain three references may disqualify you from consideration for employment. Please print legibly.**

EMPLOYER NAME & ADDRESS	SUPERVISOR'S NAME	PHONE NUMBER	REASON FOR LEAVING

In addition, include individuals that have known you for at least 2 years who would be willing to give a personal reference (i.e. teacher, professor, coach, volunteer supv. etc.)

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

Complete other side

**\*\*ALL QUESTIONS MUST BE ANSWERED\*\***

**PRIOR EMPLOYMENT REVIEW:**

1. Have you ever been involuntarily released (fired) from **any** employer in your previous work history?

No  Yes  (if yes, provide following information)

State the circumstances in detail (i.e. employer's name, address, supervisors name, reason for dismissal, etc.)

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2. Have you ever been employed by another State of Missouri facility?

No  Yes  (if yes, provide the following information)

Provide facility name, dates of service, and reason for leaving (if employed with more than one State of Missouri facility, list information for all):

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If you have a positive written recommendation from your current or immediate past supervisor at this time, please attach.

*Our hiring policy is simple:*

## **WE FOLLOW THE LAW!**

**This company hires lawful workers only – U.S. citizens or nationals and non-citizens with valid work authorization – without discrimination.**

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Federal immigration law requires all employers to verify both the identity and employment eligibility of all persons hired to work in the United States.

In its efforts to meet the law's requirements, this company is participating in the Basic Pilot program established by the Department of Homeland Security and the Social Security Administration (SSA) to aid employers in verifying the employment eligibility of all newly-hired employees. Our participation in the pilot program does not exempt us from the obligation to complete a Form I-9 for everyone we hire.

**For additional information on the verification program contact the:**

Department of Homeland Security  
USCIS/SAVE Program  
111 Massachusetts Avenue, 2<sup>nd</sup> Floor  
Washington, DC 20001  
Phone (888) 464-4218