STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

EMPLOYMENT APPLICATION

FOR OFFICE USE ONLY	CLASS	FACILITY NAME AND ADDRESS (CHECK BOX(ES))
	DATE APPOINTED	**FULTON STATE HOSPITAL** **600 EAST 5TH STREET** **FULTON, MO 65251-1798**

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER

ADDRESS	CITY	STATE	ZIP CODE

TELEPHONE NUMBER	HAVE YOU WORKED UNDER ANY OTHER NAME?	YOUR MAIDEN NAME
	☐ YES ☐ NO IF YES, WHAT NAME(S)?	

HOW DID YOU LEARN ABOUT THIS POSITION? ☐ NEWSPAPER ☐ DIVISION OF FAMILY SERVICES ☐ FAMILY/FRIEND: _____
☐ JOB SERVICE ☐ JUST WALKED IN ☐ OTHER: _____

FOR WHAT POSITIONS ARE YOU APPLYING? _____

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

WHAT IS THE MINIMUM SALARY YOU WILL ACCEPT? _____

WHAT SHIFTS ARE YOU WILLING TO WORK? ☐ DAYS ☐ EVENING ☐ NIGHTS

IF YOU APPLIED FOR CERTAIN JOBS REQUIRING LICENSURE OR CERTIFICATION AND ARE NOT SELECTED AT THIS TIME, YOUR APPLICATION WILL BE FORWARDED TO THE MISSOURI DIVISION OF PERSONNEL FOR REVIEW OF YOUR QUALIFICATIONS AND POSSIBLE CONSIDERATION FOR VACANCIES IN THIS AND OTHER AGENCIES. **FOR WHICH COUNTIES ARE YOU AVAILABLE FOR EMPLOYMENT** (IF STATEWIDE WRITE "STATEWIDE")? _____

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

THE LAW SAYS YOU CANNOT WORK FOR DMH IF YOU WERE CONVICTED OF A CRIME LISTED ON THIS WEBSITE http://dmh.mo.gov/about/employeedisqualification/. CONVICTED MEANS FOUND GUILTY, PLEAD GUILTY OR NO CONTEST, RECEIVED A SUSPENDED IMPOSITION OF SENTENCE OR A SUSPENDED EXECUTION OF SENTENCE. THERE IS A WAY FOR YOU TO ASK FOR AN EXCEPTION IF YOU WERE CONVICTED OF A CRIME LISTED ON THE WEBSITE. THE WEBSITE EXPLAINS THE STEPS YOU WOULD NEED TO TAKE TO APPLY FOR AN EXCEPTION. IF APPROVED, AN EXCEPTION WOULD ALLOW YOU TO WORK FOR DMH.

HAVE YOU EVER BEEN EMPLOYED AT THIS FACILITY? ☐ YES ☐ NO IF YES, WHEN?

HAVE YOU EVER LIVED OUTSIDE THE STATE OF MISSOURI SINCE AGE 18? ☐ YES ☐ NO	STATE(S)	COUNTY(IES)

HAVE YOU EVER WORKED FOR ANOTHER MISSOURI STATE AGENCY? ☐ YES ☐ NO
(List agency and dates)

RECORD OF EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL OR OBTAINED A GED? ☐ YES ☐ NO

LIST COLLEGE, UNIVERSITY, VOCATIONAL SCHOOL, OTHERS, 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				
NAME				
LOCATION				

RECORD OF EMPLOYMENT/MILITARY SERVICE (Begin with current or most recent employer)
(Attach additional sheets if necessary. Resume may be attached to a COMPLETED APPLICATION)

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

If you are currently certified, registered, or licensed to practice your profession or occupation, give name of association or licensing authority and certification, registration, or license number.

ASSOCIATION OR LICENSING AUTHORITY	CERTIFICATION, REGISTRATION, OR LICENSE NUMBER, STATE, AND EXPIRATION DATE

HAVE YOU EVER HAD A LICENSE REVOKED OR VOLUNTARILY SURRENDERED A LICENSE? ☐ YES ☐ NO

IF YES, STATE DETAILS

I understand that if hired, knowingly giving false or incorrect information shall result in forfeiture of my job.

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 accommodation. 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 on all new employees and continued employment will be contingent upon negative results.

I understand that this facility promotes a drug free work place and agree to testing as the Hospital deems necessary.

I authorize and release from liability this facility to verify my employment with my current and former employers. I agree to release any of my current and former employers from all liability for providing the requested information.

I authorize this facility to verify my conviction record with any law enforcement organization and I understand employment will be contingent upon verification of the information I provide.

I understand that my criminal history information will not be provided to me and will be kept confidential.

A condition of continued employment with the State of Missouri is that employees file all state income tax returns and pay all state income taxes owed.

I understand that FSH requires all employees to be immunized annually with a Flu vaccine, at no cost to the employee. Exclusion for medical or religious contraindication may be granted per Facility Operations Directive, mandatory Influenza Vaccination, dated August 1, 2013.

SIGNATURE	DATE

TO BE COMPLETED BY HOSPITAL AFTER EMPLOYMENT

DATE OF BIRTH	MARITAL STATUS	RACE

NAME OF PERSON TO CALL IN CASE OF EMERGENCY	TELEPHONE	ADDRESS	CITY	STATE	ZIP CODE