



Note: This form is *not* currently compatible with mobile devices

Below, you will find the steps for submitting your application:

Option 1 – using the Submit Form Button

If you have an email client (Outlook, Outlook Express, Mail or other) installed and setup on your computer, this is the easiest way to submit your application to Fulton State Hospital.

1. Fill out the application completely
2. When Finished, click the “Submit Form” button
3. Choose “Continue” when the Send Email box appears
4. This will open the default mail application on your computer and start a new mail.
 - a. The application form you just completed will be included as an attachment automatically.
5. Click “Send” to send us your application

Option 2 – using the Download Form Button

If you tried to use the Submit Form button and it did not work and you use a web based email client (Gmail, Yahoo Mail, Hotmail or other) to send and receive email, this is the option that you will need to use. Note, please download the form prior to filling it out, as some web browsers will not save the data you entered when downloading

1. Click the “Download Form” button
 - a. When the Save As dialogue box appears, click the “Save” button to save the document to the default location or choose a location that easily accessible and one that you can remember
2. Once the Application has finished downloading, locate the document in the location where you saved it in the previous step & double-click to open
3. Fill out the application completely
4. Once the application form has been fully completed, you’ll need to Save it in order to send it to us
 - a. Move your mouse to the top left hand corner of the document and click “File”
 - b. Move your mouse to “Save” and click
5. Finally, send us an email using your normal web based email client and include the document you just saved as an attachment
 - a. Send the email to fsh_applications@dmh.mo.gov
 - b. Enter Employment Application in the Subject Line
 - c. Attach the document you saved in step 4 above to your email and click send

Thank you for your interest in working at Fulton State Hospital.

If you have any issues or problems with the Application,
please contact Fulton State Hospital HR at 573-592-3451

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

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
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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
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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