



# Application for Employment

Type of employment applying for:     Facility-Based (Organizational) Employment     Staff Employment

*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 [kjones@boonecenter.com](mailto:kjones@boonecenter.com).*

*All statements made by applicants for employment may be checked for accuracy.*

*FOR OFFICE USE ONLY*

*Received Date:* \_\_\_\_\_

*Receipt Alert Date:* \_\_\_\_\_

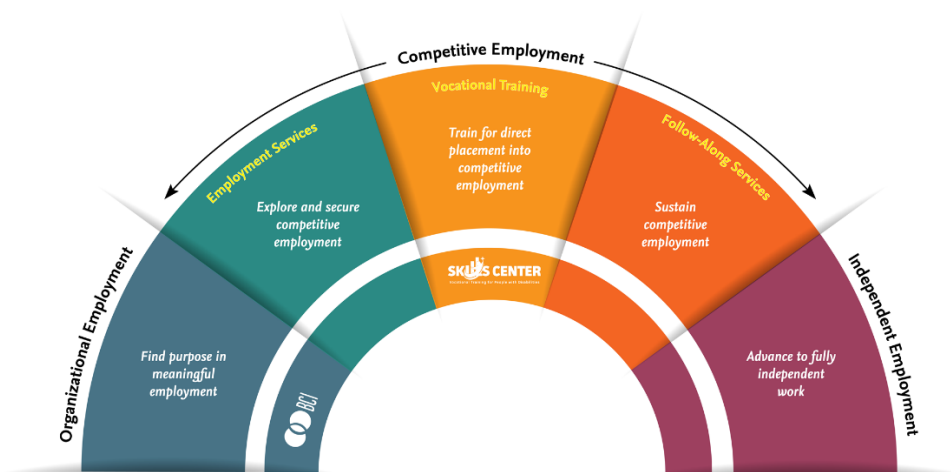
*Interview Date:* \_\_\_\_\_

*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.



## Admission Criteria

### Organizational Employment

- 18 years or older
- Documented disability (the documented disability will be used for certification through the Department of Elementary and Secondary Education)
- Be independent in self-care needs, to include self-administration of medications
- Able to work at least 20% of the established productivity rate in repetitive motion packaging and assembly
- Capable of following appropriate safety measures and be incident free of any aggressive behaviors
- Have the desire to participate in a learning work environment with supports

### Competitive Employment

- 16 years of age or older
- Open case with Vocational Rehabilitation (VR) or Department of Mental Health (DMH) waived Employment Services
- Diagnosed disability

### Skills Center Vocational Training

- 18 years of age or older
- Diagnosed disability

### Staff Employment

- Please see job description per each employment position

**Once you submit an application, a BCI representative will contact you regarding your desired position. If you are unaware of what position you would like to pursue, the representative will explain all aspects of our employment continuum. Tours are always encouraged to ensure BCI is an appropriate fit for your employment needs.**

**Transportation is not provided by BCI. However, we are able to assist you in coordinating resources.**

## Personal Data

Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Position Applied For \_\_\_\_\_

Are you 18 years of age or older?  Yes  No      How did you hear about BCI? \_\_\_\_\_

Do you have a Case Manager?  Yes  No

*A case manager is someone who supports you with information and resources regarding moving toward independence, services, goal setting, and help in accessing public services including financial, housing, etc.*

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 (40 hours a week)     Part-time (5 days a week)     Part-time (3 days a week)

Overtime may be required from time to time. Will you be able to complete overtime work if desired?  Yes  No

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 alien registration receipt.*

Have you ever been convicted of or pled guilty or pled "no contest" to any criminal offense other than a routine traffic violation?

Yes  No    If yes, please explain: \_\_\_\_\_

Have you ever been convicted of or pled guilty or pled "no contest" to a sex-related or child-abuse related offense?

Yes  No    If yes, please explain: \_\_\_\_\_

Are you presently charged or indicted with any violation of the law as listed above?

Yes  No    If yes, please explain: \_\_\_\_\_

*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.*

## 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 |                              |

## Employment History\*

*\* You may attach your resume; however, you must complete all information requested on this application in order to be considered for any position with the company. Omissions will automatically invalidate the application and terminate the employment process.*

Complete the following beginning with your most recent position and going back a minimum of 10 years, if possible, and including any military service or volunteer work. Please account for any breaks in employment at the bottom of this page.

Company Name: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ (mo/yr)  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Hourly/Annual Pay: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Title/Position: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_  
Briefly describe your duties: \_\_\_\_\_  
Person(s) we may contact for reference: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ (mo/yr)  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Hourly/Annual Pay: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Title/Position: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_  
Briefly describe your duties: \_\_\_\_\_  
Person(s) we may contact for reference: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ (mo/yr)  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Hourly/Annual Pay: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Title/Position: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_  
Briefly describe your duties: \_\_\_\_\_  
Person(s) we may contact for reference: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ (mo/yr)  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Hourly/Annual Pay: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Title/Position: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_  
Briefly describe your duties: \_\_\_\_\_  
Person(s) we may contact for reference: \_\_\_\_\_  
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 are applicable to the position for which you are applying:

Read \_\_\_\_\_ Write \_\_\_\_\_ Speak \_\_\_\_\_

**Professional Registration / Licensure or Certification**

Type: \_\_\_\_\_ State: \_\_\_\_\_ ID No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type: \_\_\_\_\_ State: \_\_\_\_\_ ID No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other states where formerly or currently registered. \_\_\_\_\_

Is your professional license/registration/certification currently suspended or revoked in any state?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever had a professional license/registration/certification revoked in any state?  Yes  No

If yes, please explain: \_\_\_\_\_

**Certification**

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

|  |   |
|--|---|
| <p>The information given by me in this application is complete and true 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 in the granting of an interview is intended to create an employment contract between BCI and myself 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 I am offered employment by BCI my employment will be for no definite term and that 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.</p> | <p>BCI will make all necessary and appropriate investigations to verify the information contained herein. I authorize and consent to my current and former employers, educational institutions and/or persons or organizations named in this application to release information to BCI that may be required to make an employment decision. An investigative consumer report/ criminal background check will be completed for employment purposes as appropriate to the position and upon my written authorization. I will have the right to make a written request for a complete and accurate disclosure. 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.</p> |
|--|---|

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This application will remain active for a period of 90 days.*

*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 pertaining to factors such as race, sex and type of position for which the applicant applied. The information requested on this sheet is for the purpose of 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 all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of 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

**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 Philippine Islands, 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 maintain 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.

**I choose not to self-identify.**