

Application for Employment

If you need help completing the application form or any phase of the employment process, please notify the person who gave you this form. Every effort will be made to accommodate your needs in a reasonable amount of time.



Today's Date _____

First Name _____ Last _____ Middle _____

Other names used (Maiden name, etc.) _____

Address _____ City _____ St _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

You are applying for: Full Time Part Time PRN

Preferred Campus: Adrian Ashland Ironton (Arcadia Valley)
 Ozark Shelbina Vandalia (Tri-County) Home Office

Shift Preference: Days Evenings Nights No preference N/A

Department (Check All Areas of Interest)

Nursing Department: RN LPN CMT CMA1 CNA N/A

Other: Office/Administration Dietary Housekeeping/Laundry Maintenance Activities
 Beauty/Barbershop Social Services Other _____

Employment History (Last Three Positions)

Employer 1 _____ Dates Worked _____

Address _____ City _____ St _____ Zip _____

Phone _____ Type of Work _____

Supervisor Name _____ May we contact this person? Yes No

Reason for leaving _____

Employer 2 _____ Dates Worked _____

Address _____ City _____ St _____ Zip _____

Phone _____ Type of Work _____

Supervisor Name _____ May we contact this person? Yes No

Reason for leaving _____

BAPTIST HOMES & HEALTHCARE MINISTRIES

PO Box 390 | Jefferson City, MO 65102 | (573) 556-0302 | hr@bhbm.org | www.bhbm.org

Employer 3 _____ Dates Worked _____

Address _____ City _____ St _____ Zip _____

Phone _____ Type of Work _____

Supervisor Name _____ May we contact this person? Yes No

Reason for leaving _____

Have you been discharged or forced to resign from a job for any reason? (Mark One) Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? (Mark One) Yes No

If yes, please explain: _____

Education

High School _____ Diploma GED Did not Complete

Vo-Tech School _____ Degree _____ Year _____

College _____ Degree _____ Year _____

Post College _____ Degree _____ Year _____

Other _____

Personal References

Name _____ Address _____

Nature of Relation _____ Phone # _____

Email _____

Name _____ Address _____

Nature of Relation _____ Phone # _____

Email _____

Name _____ Address _____

Nature of Relation _____ Phone # _____

Email _____

BAPTIST HOMES & HEALTHCARE MINISTRIES

Understanding the Mission

Our Purpose: We exist to please God and help others do the same.

Our Mission: Baptist Homes & Healthcare Ministries is a distinctively Christian ministry called to joyfully serve in a Christlike manner by educating, advocating, and caring for the aging, for the glory of God and to please Him.

Our Vision: Making Christlike ministry the standard of care for the aging

Our Values: We are a distinctively Christian ministry driven by:

- Our gospel-informed worldview
- Our call to serve, educate and advocate for the aging
- Our unwavering commitment to the sanctity of life
- Our belief that all people are created in the image of God
- Our belief and practice of discipleship in each waypoint of life
- Our compassionate, quality care
- Our commitment to please God and bring Him glory

Our Promise: We address the challenges of growing older by providing Christlike care that pleases God, minimizes fear, and maximizes peace of mind for you and your loved ones.

I have read the above statements and understand that they influence the decision-making and corporate culture of the organization.

Authorization and Disclaimers

I hereby certify this application contains no misrepresentation and the information during interviews is true and complete as of my knowledge and belief. I understand and acknowledge should an investigation disclose, at any time, any such misrepresentation from the application or in interviews, my application may be rejected and if employed by Baptist Homes and Healthcare Ministries (BHHM), my employment with BHHM may be terminated.

Also, I hereby authorize all previous employers listed on this application to release information regarding my period of employment and compensations to BHHM in accordance with the Family Educational Rights and Privacy Act of 1975.

Also, I give permission for BHHM to conduct a criminal background check as provided in 610.120, RSMo and inquire with the Missouri Department of Health and Senior Services as to whether I am disqualified for employment according to the Employee Disqualification List. I hereby agree to submit to any drug test required of me now and in the future.

Also, I understand and acknowledge BHHM is an "Employment at Will" organization, in that BHHM may hire or terminate employment for any reason or for no reason, unless otherwise defined by applicable law.

Also, I understand and acknowledge BHHM is an Equal Opportunity Employer. It is the policy of BHHM to provide equal opportunity in employment to all employees without regard to race, color, sex, national origin, age, disability, or any characteristic protected by law.

Also, I understand and acknowledge the completion of this application is not a contract or guarantee of employment.

Signature of Applicant _____ Date ____/____/____

How did you hear about us?

- Newspaper Ad Radio Ad Social Media Friend Employee Drop In
 Church Posters Bulletin Board Sign at Road Entrance Other: _____

BAPTIST HOMES & HEALTHCARE MINISTRIES