

Saint Louis Crisis Nursery, Regional Administrative Offices 11710 Administration Drive, Suite 18 St. Louis, MO 63146

www.crisisnurserykids.org

Phone: 314-292-5770 Fax: 314-292-5776

Email completed application and resume to: employment@crisisnurserykids.org

Application for Employment

THE SAINT LOUIS CRISIS NURSERY is an equal opportunity employer. We consider applicants for all positions without regard to actual or perceived race, color, religion, creed, sex, gender, sexual orientation, gender identity, national origin, ancestry, citizenship, age, disability, pregnancy, genetic information, marital status, military or veteran status, or any other legally protected status. We provide reasonable accommodations for qualified individuals with known disabilities, unless doing so would result in an undue hardship as defined by law. Please let us know if you need an accommodation to complete the application process.

| Date of Application: How did you hear about this position? | | | | |
|---|--|--|---|--|
| Address: City: Phone (With Area Code): | ame: Middle Initial: _ State: Zip Code: Cell ok i ion: Desired Sta | to text? landline | | |
| Availability: Full Time Days Days | | ole to start work/notice period: Shifts Overnight | _ | |
| Location(s) convenient for you: South St Louis City St Louis North County St. Charles City Wentzville | | | | |
| Please rate each of the following regarding their importance to you: (5 = very important; 4 = important; 3 = moderately important; 2 = of little importance; 1 = unimportant) Flexibility Energy Level Teamwork Communication Strengths-based Perspective | | | | |
| Are you at least 21 years old? | | | | |
| ☐ Yes* ☐ No (*If yes, verification will be required upon employment) Note: post offer we require fingerprints that are run nationwide through the FBI and must exclude certain offenses EDUCATION | | | | |
| Name of High School: | | ☐ Diploma or GED | | |
| Name of College/University: | Degree In progress: Associates Bachelors Masters | Degree Completed: Associates Bachelors Masters | | |
| Major Field of Study/Degree: | | | | |
| Current certifications / licenses | | | | |

EMPLOYMENT HISTORY – List Present Job First

| Employer: | Dates Employed | Wage: |
|---|--|---|
| Telephone: | From | Reason for Leaving: |
| Your Job Title: | То | |
| May we contact your Employer? Yes No | | |
| Employer: | Dates Employed | Wage: |
| Telephone: | From | Reason for Leaving: |
| Your Job Title: | To | |
| May we contact your Employer? Yes No | | |
| Employer: | Dates Employed | Wage: |
| Telephone: | From | Reason for Leaving: |
| Your Job Title: | To | |
| May we contact your Employer? Yes No | | |
| may prohibit or restrict you from being employed Yes No | a by, or periori | ing services for, the Same Board Strain Nursery. |
| | | IIS STATEMENT BELOW CAREFULLY. COMPLETE IF NOT SIGNED AND DATED. |
| I certify that the statements and information provided by my knowledge. | ne on this applicat | ion for employment are true, accurate and complete to the bes |
| this application for employment. I authorize the Saint | Louis Crisis Nur | ntained in this application unless specifically stated otherwise rsery to contact the employers identified above for purpose discussing my work performance, conduct and qualifications. |
| | ed documents) and | on, or material omissions made by me on this application d/ or during any interview may result in the exclusion of imployment regardless of when or how discovered. |
| contract or agreement of employment. I understand that i | f I am hired, my er agree to comply wi | iment or statement of the Saint Louis Crisis Nursery constitute imployment will be "at-will" and, as such, may be terminated be ith all polices and procedures of the Saint Louis Crisis Nursery ds of business ethics, conduct health, equal employment |
| with that prohibition, whether or not I become an employed otherwise acquired by me, whether during the application | ee. To the extent the process or if I am rdinary course of e | es confidential and proprietary information, and I agree to com hat confidential or proprietary information is disclosed to or hire, after I become an employee I shall not disclose such employment by the Saint Louis Crisis Nursery and for the sole rnment agencies). |
| I represent to the Saint Louis Crisis Nursery that I am not by, or performing services for the Saint Louis Crisis Nurs | | ement that would prohibit or restrict me from being employed |
| Print Name: Date: | - | |
| Signature of Applicant: by checking the | nis box, I certify the | at I have signed this application |