EASTERN MISSOURI PSYCHIATRIC HOSPITAL SYSTEM

**EMPLOYMENT APPLICATION**

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| Metropolitan St. Louis  Psychiatric Hospital  5351 Delmar Blvd.  St. Louis, MO 63112  314-877-0500 TDD 314-877-0775  FAX 314-877-0639 | St. Louis Psychiatric  Rehabilitation Center  5300 Arsenal St.  St. Louis, MO 63139   1. 877-6500 TDD 314-877-6503   FAX 314-877-5950 | Hawthorn Children’s  Psychiatric Hospital  1901 Pennsylvania Ave.  St. Louis, MO 63133   1. 512-7800 TDD 314-512-7593   FAX 314-512-7621 |

Please answer all questions to be considered for employment.

FEDERAL & STATE LAWS PROHIBIT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, HANDICAP OR PREGNANCY, AND ALSO PROHIBIT DISCRIMINATION AGAINST VIETNAM ERA VETERANS.

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| Name: Last First Second  Kemper, Jamika N | | | Social Security Number  490788638 | | |
| Address: Street 1310 Bayonne DR, City St. Louis State MO Zip Code 63138 | | | Day Phone314-477-2469  Cell Phone 314-477-2469  Evening Phone | | |
| **Position(s) for which you are applying** \_\_\_\_\_RN Senior  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hours Per Week Preferred \_\_x\_40 per week \_\_\_\_20-30 per week \_\_\_\_ under 20 \_\_\_\_\_ weekend work  Shift Preferred for Client Care: \_\_x\_ Days \_x\_Evenings \_\_\_ Nights Hospital(s): \_x\_\_\_ Delmar \_\_\_\_ Arsenal \_\_\_\_ Pennsylvania | | | | | |
| Salary Desired 60000 negotiable | | Date Available 06/15/2015  I have to give a 2 week notice | | | |
| In case of Emergency Notify, Name & Phone  Wilda West 314-452-7060 | | If not a citizen of this country,  give current visa status | Work Visa Expiration Date | | |
| The Department of Mental Health prohibits nepotism (working under the supervision of relatives) conflict of interest and conflicting employment for its employees.  List names of relatives or friends working at for any of our three locations. State name, relationship, & facility. | | | | | |
| n/a |  | |  | | |
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| SCHOOL NAME | SCHOOL LOCATION | | GRADUATE | DEGREE | MAJOR OR HOURS |
| High School  Vashon | St. Louis, MO | | □x Yes  □ No | ------------ | -------------------- |
| College  St. Louis Community College / Forest Park | St. Louis, MO | | □x Yes  □ No | ADN | Nursing |
| Other  Chamberlain College of Nursing | St. Louis, MO | | □x Yes  □ No | BSN | RN to BSN |

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| Do you work for another Missouri State Agency? Yes or No \_\_Yes\_\_\_\_\_ If yes, Where \_Missouri Veteran’s Home Job Title \_\_\_RN Senior Charge Nurse  **WE CANNOT HIRE YOU FULL TIME WHILE YOU ARE STILL ON THE BOOKS AS FULL TIME AT ANOTHER MISSOURI STATE AGENCY.**  Have you ever worked for another State Agency? Yes or No \_\_no\_\_\_\_ If yes, Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **NOTE: PLEASE READ ALL STATEMENTS AND ANSWER TRUTHFULLY ALL QUESTIONS IN THIS SECTION.**  Have you ever been arrested for a **felony**? Yes or No\_\_no\_\_ Charged with a **felony**? Yes or No \_no\_\_\_ Convicted of a **felony**? Yes or No\_\_\_no\_  Have you ever pled guilty to or entered a no contest plea for a **felony**? Yes or No \_\_no\_\_\_  Have you ever been arrested for, charged with OR convicted of a **misdemeanor** other than a traffic violation? Yes or No \_\_\_no\_  **If the answer is “yes” to any of the questions above, you will need to explain in detail on a separate sheet of paper.** A record of conviction of a felony and/or arrest or charge (including an SIS or SES) may disqualify an applicant from employment consideration.  **IMPORTANT NOTICE**: Intentional omission of facts or misstatements may result in refusal of employment or dismissal at any time thereafter. |

**PROFESSIONAL LICENSE /CERTIFICATION**

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| Type of License  RN | Permanent x□  Temporary □ | MO License Number  2011003666 | Licensed in Other States? yes | If yes, what State(s)? IL  License #’s for each state 041419846 |

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**NOTE: Applicants, please complete all sections of the employer section below in full (Please do not write “see resume”). You will need to List all employers for the past 10 years. Attach additional page(s) if necessary. Thank you.**

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| **Name of Current or Last Employer**  **Missouri Veteran’s Home** | | Address  10600 Lewis and Clark  St. Louis, MO 63136 | | |
| Supervisor, Title, Phone Number  Molley Austin, Unit Manager 3143406389 | Position  RN Senior Charge Nurse | Salary  5387 monthly | From - Month & Year  02/2015 | To - Month & Year  present |
| If still employed, may we contact your present employer? Yes or No? yes | | | | |
| Description of Duties  Memory care residents, medication admiration, wound care, documentation, coordinate care of residents, supervise CNAs/staff | | | | |
| Reason(s) for Leaving  **present** | | | | |

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| **Name of Employer**  Gateway Regional Medical Center | | Address  Granite City, IL | | |
| Supervisor, Title, Phone Number  **Lisa Parnell 1618-798-3000** | Position  OB Nurse | Salary | From - Month & Year  05/2014 | To - Month & Year  09/2014 |
| Description of Duties  Labor and delivery, mother baby, nursery, triage, gyn surgery | | | | |
| Reason(s) for Leaving | | | | |

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| **Name of Employer**  Mercy Hospital | | Address  St. Louis, MO | | |
| Supervisor, Title, Phone Number  Becky Stang Manager 3142516000 | Position  Clinical Nurse | Salary | From - Month & Year  05/2010 | To – Month & Year  05/2014 |
| Description of Duties  Women’s health, surgery, postpartum, antepartum | | | | |
| Reason(s) for Leaving  advancement | | | | |

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| Why would you make a good employee?  I make a good employee because I am a team player, honest and fair. I treat people the way I would like or like a family member to be treated at all times. I strive hard to do my best. I love learning new things. I learn from my mistakes. I have a great personality, get along with most people.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| I certify that the answers provided above are accurate to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions, or misstatements may result in refusal of employment or discharge. I hereby authorize any former employer to furnish the **Eastern Missouri Psychiatric Hospital System (EMPHS)** with any or all information concerning my previous employment and hereby release any former employers from all liability for any damages in furnishing such information. I authorize EMPHS to verify all information contained on this application including my work history with all past employers, policy records, etc., as it may pertain to my possible employment. I also agree that if employed by EMPHS, any and all information regarding my employment may be given to future employers and do hereby release EMPHS from any and all liability or damages whatsoever in furnishing such information**.**  I hereby acknowledge that I have read the above statement and understand it.  **DRUG TEST REQUIRED.** | |
| Signature of Applicant  Jamika Kemper | Date05/19/2015 |

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| **For Hiring Manager ONLY**  Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Org #\_\_\_\_\_\_\_\_\_\_\_ TK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pos. Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_ % \_\_\_\_\_\_\_\_\_\_\_\_ Shift \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days Off \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hire Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Hours if Irregular \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Original probationary \_\_\_\_ 90 day emergency \_\_\_\_ Unclassified (90 day temp. \_\_\_\_ or up to 49% \_\_\_\_\_) \_\_\_\_ Re-hire \_\_\_\_ Transfer in  Signature of Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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