EASTERN MISSOURI PSYCHIATRIC HOSPITAL SYSTEM

**EMPLOYMENT APPLICATION**

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| Metropolitan St. Louis Psychiatric Hospital5351 Delmar Blvd.St. Louis, MO 63112314-877-0500 TDD 314-877-0775FAX 314-877-0639 | St. Louis PsychiatricRehabilitation Center5300 Arsenal St.St. Louis, MO 631391. 877-6500 TDD 314-877-6503

FAX 314-877-5950 | Hawthorn Children’s Psychiatric Hospital1901 Pennsylvania Ave.St. Louis, MO 631331. 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 SecondKemper, Jamika N | Social Security Number490788638 |
| Address: Street 1310 Bayonne DR, City St. Louis State MO Zip Code 63138  | Day Phone314-477-2469Cell Phone 314-477-2469Evening 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 06/15/2015I 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 SchoolVashon | St. Louis, MO | □x Yes□ No | ------------ |  -------------------- |
| CollegeSt. Louis Community College / Forest Park | St. Louis, MO | □x Yes□ No | ADN | Nursing |
| OtherChamberlain 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 Number2011003666 | Licensed in Other States? yes | If yes, what State(s)? ILLicense #’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**  | Address10600 Lewis and ClarkSt. Louis, MO 63136 |
| Supervisor, Title, Phone NumberMolley Austin, Unit Manager 3143406389 | PositionRN Senior Charge Nurse | Salary5387 monthly | From - Month & Year02/2015  | To - Month & Yearpresent |
| If still employed, may we contact your present employer? Yes or No? yes |
| Description of DutiesMemory 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 | AddressGranite City, IL |
| Supervisor, Title, Phone Number**Lisa Parnell 1618-798-3000** | PositionOB Nurse | Salary | From - Month & Year05/2014 | To - Month & Year09/2014 |
| Description of DutiesLabor and delivery, mother baby, nursery, triage, gyn surgery |
| Reason(s) for Leaving |

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| **Name of Employer**Mercy Hospital | AddressSt. Louis, MO |
| Supervisor, Title, Phone NumberBecky Stang Manager 3142516000 | PositionClinical Nurse | Salary | From - Month & Year05/2010 | To – Month & Year05/2014 |
| Description of DutiesWomen’s health, surgery, postpartum, antepartum |
| Reason(s) for Leavingadvancement |

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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 ApplicantJamika 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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