



# MISSOURI BOTANICAL GARDEN

P.O. Box 299 Saint Louis, Missouri 63166

## Application for Employment

**INSTRUCTIONS:** 1. Please type or print legibly in INK. 2. Answer all questions. 3. Carefully read acknowledgment on last page. 4. Include signature and date on last page.

The Missouri Botanical Garden accepts employment applications for current job openings only. Please indicate the specific job title and job number for which you are applying on the employment application. You may apply for multiple openings by completing a separate application for each position of interest. An application must be completed for consideration. A resume may be included but does not substitute as an application.

**POSITION APPLIED FOR:** \_\_\_\_\_ **JOB NUMBER:** \_\_\_\_\_

**RECRUITING SOURCE (learned of job):**

- Classified Advertisement (which newspaper) \_\_\_\_\_
- Community Agency (which one) \_\_\_\_\_
- College or Trade School (which one) \_\_\_\_\_
- State Employment Service (which one) \_\_\_\_\_
- Came in on own accord \_\_\_\_\_
- Employee Referral (employee's name) \_\_\_\_\_
- MBG Job Hotline \_\_\_\_\_
- MBG Website \_\_\_\_\_
- Other Website \_\_\_\_\_
- Other \_\_\_\_\_

**MISSOURI BOTANICAL GARDEN IS AN EQUAL OPPORTUNITY EMPLOYER**

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Early application is encouraged. All qualified applicants will receive consideration for employment without regard to race, color, sex, religion, national origin, age, disability or veteran's status.

IF ACCOMMODATION ASSISTANCE IS NEEDED FOR COMPLETION OF THIS APPLICATION AND/OR WITH THE INTERVIEWING PROCESS, PLEASE CONTACT ANY MEMBER OF THE HUMAN RESOURCE MANAGEMENT DIVISION.

We want to provide a healthy, safe work environment; the use of any kind of tobacco product is strictly prohibited at Missouri Botanical Garden. Thank you for your interest in employment at Missouri Botanical Garden.

## An Equal Opportunity/Affirmative Action Employer

### PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Last First M.I.  
 Telephone ( ) ( ) ( )  
 (Home) (Work) (Alternate/Cell)  
 Address \_\_\_\_\_  
 Number and Street  
 City State Zip Code

1. Do you have the legal right to work in the U.S.?  Yes  No  
 If you are not a U.S. citizen, what type of visa do you have? \_\_\_\_\_ Expiration Date \_\_\_\_\_
2. Have you ever been convicted of a criminal felony? A conviction or court-martial is not necessarily a bar to employment. (Include court-martial convictions, but exclude minor traffic violations.)  Yes  No  
 If yes, list date, charge, place, court and action taken: \_\_\_\_\_  
 \_\_\_\_\_
3. Should you be employed by Missouri Botanical Garden, would you engage in any other employment?  Yes  No  
 If yes, where, in what capacity, and number of work hours per week? \_\_\_\_\_  
 \_\_\_\_\_
4. Have you ever been discharged or asked to resign by a previous employer?  Yes  No If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

### EDUCATION/TRAINING

Elementary and/or High School (Circle Highest Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12 <input type="checkbox"/> GED				
Name and Location of Training Program College and/or University	# of years attended	Graduated Yes/No	Degree (Type)	Major

List Additional Job-Related Course Work and Training: \_\_\_\_\_

\_\_\_\_\_ Special Skills, Equipment and Computer Experience: \_\_\_\_\_

<b>Job related certifications, licenses and accreditations (for example Driver, Chauffeur, Security License)</b> I understand that if offered a position that requires a valid driver's or chauffeur's license, my ultimate employment is contingent upon the results of a driver's license check of my past driving record and satisfactorily meeting the Garden's criteria to operate a motorized vehicle.		
Type and Number	Exp. Date	State
<b>Military experience (U.S. Military Only)</b>		
Date Entered	Date Separated	Special Training Received
Present or Last Rank	Types of Duties Performed	

**EMPLOYMENT HISTORY**

Prefer:  Full-time  Part-time  Days  Nights  Weekends  Summer  
 Will Accept:  Full-time  Part-time  Temporary  Days  Nights  Weekends  Summer

**Are you currently employed?  Yes  No**  
**Resumes are no substitute but may be enclosed**

<b>Salary Desired</b> \$ _____ Per _____	<b>Date Available</b> _____
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Please account for all jobs. Begin with most recent employer.  
 Name employed under if different than in Personal Information Section: \_\_\_\_\_

Company Name _____		Telephone ( ) _____	
Address _____		City _____ State _____	
Job Title _____	Supervisor's Name _____		
Duties _____	Supervisor's Title _____	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Employment Dates from _____ to _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
	Starting Salary \$ _____ per _____	Salary at Leaving \$ _____ per _____	
Reason for leaving (resigned, laid off, discharged) Please explain: _____ _____			
Company Name _____		Telephone ( ) _____	
Address _____		City _____ State _____	
Job Title _____	Supervisor's Name _____		
Duties _____	Supervisor's Title _____	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Employment Dates from _____ to _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
	Starting Salary \$ _____ per _____	Salary at Leaving \$ _____ per _____	
Reason for leaving (resigned, laid off, discharged) Please explain: _____ _____			
Company Name _____		Telephone ( ) _____	
Address _____		City _____ State _____	
Job Title _____	Supervisor's Name _____		
Duties _____	Supervisor's Title _____	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Employment Dates from _____ to _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
	Starting Salary \$ _____ per _____	Salary at Leaving \$ _____ per _____	
Reason for leaving (resigned, laid off, discharged) Please explain: _____ _____			
Company Name _____		Telephone ( ) _____	
Address _____		City _____ State _____	
Job Title _____	Supervisor's Name _____		
Duties _____	Supervisor's Title _____	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Employment Dates from _____ to _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
	Starting Salary \$ _____ per _____	Salary at Leaving \$ _____ per _____	
Reason for leaving (resigned, laid off, discharged) Please explain: _____ _____			

**UNEMPLOYMENT**

Please account for all periods of thirty (30) days or more during which you were without work in the last five years.

FROM		TO		STATE REASON
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

**REFERENCES**

Please provide names and phone numbers of three work-related references to include present/past supervisors and identify work relationship.

NAME	COMPANY	PHONE	RELATIONSHIP
1.		( )	
2.		( )	
3.		( )	

- Have you ever previously applied with Missouri Botanical Garden?  Yes  No  
If yes, when \_\_\_\_\_
- Are you, or have you ever been employed by Missouri Botanical Garden?  Yes  No  
Dates Employed \_\_\_\_\_ Division/Department \_\_\_\_\_
- Do you have relatives who are currently employed by Missouri Botanical Garden?  Yes  No  
Relative's Name \_\_\_\_\_ Division/Department \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING.** If you have any questions regarding the information below, please ask a representative of the Human Resource Management Division.

I hereby certify that my answers on this application are true and further that I understand that any information withheld or falsely provided by me in connection with the foregoing application may be grounds for rejection of my application or will subject me to immediate termination of employment. I understand this application is not an obligation to provide employment. I further understand that the Employee Handbook is not to be construed as creating any form of employment agreement and that it does not serve as an independent basis of contract for employment.

I also recognize that my employment is based on receipt of satisfactory information from former employers, references, and job-related background checks. I hereby authorize Missouri Botanical Garden without liability to contact prior employers (present employers, if authorized). I also authorize references given by me and authorize said employers or references to make full response to any inquiries by Missouri Botanical Garden in connection with this application for employment. I also authorize Missouri Botanical Garden to obtain job-related background checks. I also authorize Missouri Botanical Garden to give any information concerning me or my employment in response to inquiries from subsequent potential employers or other inquiries without liability. Inasmuch as said information concerning my performance and conduct as an employee is furnished at my specific request and for my benefit, I hereby agree to hold harmless Missouri Botanical Garden and all former employers or references listed on this application from any liability or claims of whatsoever nature. I agree to conform to the rules and regulations of Missouri Botanical Garden as set forth in the Employee Handbook and published by the Garden from time to time. The employment relationship is by its nature a mutual one, and I understand that just as I am free to leave employment with Missouri Botanical Garden at any time and at my option, with or without notice, the Garden retains a similar right. I understand my employment may be contingent upon pre-employment drug testing and I may be subject to cause-based drug testing. I agree that upon my termination of employment (should I be hired) I will return all Garden property.

I further certify that I have read the foregoing information and herewith knowingly make this authorization by setting forth my signature below.

Signature

Date

(MBG 2/06)



## VOLUNTARY SELF-IDENTIFICATION APPLICANT FORM

Missouri Botanical Garden is an Equal Opportunity/Affirmative Action employer and is subject to federal regulations pertaining to employment. The Garden has a continuing nondiscrimination policy, which prohibits discrimination on the basis of race, color, creed, sex, age, religion, national origin, physical or mental disability or Veteran status. We hire only United States citizens and aliens lawfully authorized to work in the United States.

The Garden is subject to certain governmental reporting and affirmative action requirements. To assist the Garden in properly identifying its employees and applicants for consideration in our Affirmative Action Program and to comply with Federal and State requirements, we ask that you take the time to complete the voluntary information requested below. Please understand that completing this information is purely voluntary and does not in any way affect your consideration for employment. To ensure confidentiality of this voluntary information, we will maintain this form separately from your application.

If you are completing the form in person, please return it to the receptionist. The form may also be mailed to Missouri Botanical Garden, Attn: Human Resource Management, 2345 Tower Grove Ave., St. Louis, MO 63110. Thank you.

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
(Please print)

Position desired: \_\_\_\_\_ Job Number: \_\_\_\_\_

### Check those which apply to you:

- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic or Latino (All races):** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Hispanic or Latino (White race only):** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.
- Hispanic or Latino (All other races):** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.
- I choose not to voluntarily self-identify this information.

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