



APPLICATION FOR EMPLOYMENT

Correctional Medical Services
12647 Olive Boulevard ■ P.O. Box 419052 ■ Saint Louis, Missouri 63141-9052
(314) 919-8501 ■ (800) 325-4809 ■ www.cmsstl.com

INSTRUCTIONS TO THE APPLICANT: Please print legibly and complete all sections. If a section does not apply, please indicate so. Incomplete applications and applications with unsolicited information will be rejected. **If you need any accommodations or have special needs to allow you to complete this application, please contact our Human Resources Department.** In compliance with federal and state employment opportunity laws, qualified applicants are considered for all positions without regard to race, gender, national origin, religion, age, sexual orientation, disability, Vietnam era veteran, or disabled Veteran status. We appreciate your interest in CMS.

PERSONAL DATA

LEGAL NAME (FIRST, MIDDLE, LAST): _____

ADDRESS: _____ FORMER NAME(S): _____

CITY/STATE/ZIP: _____ CELL PHONE: () _____

HOME E-MAIL ADDRESS: _____ HOME PHONE: () _____

OTHER E-MAIL ADDRESS: _____ OTHER PHONE: () _____

SOCIAL SECURITY NUMBER: _____ DATE AVAILABLE: _____

POSITION APPLYING FOR: _____ SALARY EXPECTED: _____

Are you legally eligible for employment in the United States? (Check one.) Yes No

PROFESSIONAL or TECHNICAL *(If required for position applied for.)*

License _____ Certificate _____ Registration _____ Number _____ State _____ Exp _____

License _____ Certificate _____ Registration _____ Number _____ State _____ Exp _____

Have any of the above ever been suspended, revoked, on probation, or are currently under investigation? (Check one.) Yes No

If yes, give details: _____

WORK AVAILABILITY *(Check all that apply.)*

Full Time Part Time As Needed Day Shift Evening Shift Night Shift Weekends

HOW DID YOU HEAR ABOUT US? *(Please indicate below.)*

Advertisement: _____ CMS Website: _____

Job Fair / Conference: _____ Other Website: _____

Nursing or Other School: _____ Mailing: _____

Referral: _____ Start Up Contract: _____

Application not valid unless signed on the back.

EDUCATIONAL DATA

TYPE OF SCHOOL	NAME & LOCATION	DID YOU GRADUATE?	DATE OF GRADUATION	DEGREE/MAJOR
High School (or equivalent)				
College				
College				
Post Graduate				
Business or Trade				
Other				

PRIOR EMPLOYMENT HISTORY *(List last/current employer first.)*

DATES	COMPANY NAME, ADDRESS, PHONE	POSITION TITLE
From:		Starting:
To:		Ending:
SUPERVISOR'S NAME & TITLE:		STARTING SALARY:
		FINAL SALARY:
REASON FOR LEAVING:		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
RESPONSIBILITIES:		

DATES	COMPANY NAME, ADDRESS, PHONE	POSITION TITLE
From:		Starting:
To:		Ending:
SUPERVISOR'S NAME & TITLE:		STARTING SALARY:
		FINAL SALARY:
REASON FOR LEAVING:		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
RESPONSIBILITIES:		

DATES	COMPANY NAME, ADDRESS, PHONE	POSITION TITLE
From:		Starting:
To:		Ending:
SUPERVISOR'S NAME & TITLE:		STARTING SALARY:
		FINAL SALARY:
REASON FOR LEAVING:		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
RESPONSIBILITIES:		

Do you have any relatives who currently work for CMS? Yes No

If yes, name and location: _____

Previous employment with CMS? Yes No

If yes, date and location: _____

Reason for leaving: _____

OTHER QUALIFICATIONS

Word Processing: Yes No

Software Proficiency: _____

Medical Terminology: _____

Other Clerical Skills: _____

Languages Spoken: _____

PROFESSIONAL REFERENCES *(Work related only.)*

Supervisor's Name: _____ Supervisor's Position: _____

Company: _____

Address: _____

Work Phone: () _____ Home Phone: () _____

Dates of Work Relationship: _____

Supervisor's Name: _____ Supervisor's Position: _____

Company: _____

Address: _____

Work Phone: () _____ Home Phone: () _____

Dates of Work Relationship: _____

Supervisor's Name: _____ Supervisor's Position: _____

Company: _____

Address: _____

Work Phone: () _____ Home Phone: () _____

Dates of Work Relationship: _____

SECURITY RELATED INFORMATION

The following questions are asked of personnel working in correctional institutions. All responses will be evaluated on an individual basis.

Do you presently have relatives, business associates or friends incarcerated in a correctional institution or who are on parole or otherwise committed to the custody of the Department of Corrections or County Detention Facility? Yes No

Have you ever been convicted by a court of law, or a military court martial, of a crime? Yes No

If you answered yes to any of the above questions, please give details: _____

PLEASE READ CAREFULLY BEFORE SIGNING. I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND WITHOUT EVASION, AND I FURTHER AGREE THAT THESE STATEMENTS MAY BE INVESTIGATED AND IF FOUND TO BE FALSE, WILL CONSTITUTE SUFFICIENT REASON FOR MY DISMISSAL OR THE COMPANY'S REFUSAL TO HIRE. I HEREBY AUTHORIZE ANY OF MY FORMER EMPLOYERS, SCHOOLS, PERSONS AND ORGANIZATIONS HAVING RELEVANT INFORMATION OR KNOWLEDGE TO FURNISH **CORRECTIONAL MEDICAL SERVICES (CMS)** THEIR RECORD OF SUCH INFORMATION WITH THEM, AND I HEREBY RELEASE CORRECTIONAL MEDICAL SERVICES AND ANY SUCH FORMER EMPLOYER, SCHOOL, PERSON OR ORGANIZATION FROM ANY AND ALL LIABILITY FOR ANY DAMAGES IN FURNISHING SUCH INFORMATION.

I UNDERSTAND THAT THIS APPLICATION WILL BE KEPT ON FILE FOR SIX MONTHS FROM DATE SIGNED, AND MUST BE RENEWED BY ME IF IT IS TO BE KEPT ON FILE LONGER. I FURTHER UNDERSTAND THAT INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. **I UNDERSTAND THAT IF I AM EMPLOYED BY CMS, THE EMPLOYMENT RELATIONSHIP MAY BE TERMINATED AT WILL BY EITHER PARTY, AT ANY TIME, WITH OR WITHOUT NOTICE, AND WITH OR WITHOUT CAUSE.** I AGREE TO ABIDE BY THE RULES AND POLICIES OF THE EMPLOYER. A PHOTO COPY OF THIS AGREEMENT IS AUTHORIZED TO BE PROVIDED TO ANY FORMER EMPLOYER AND/OR REFERENCE OR ANY GOVERNMENTAL ENTITY AND WILL RELEASE THEM FROM ANY AND ALL LIABILITY IN CONNECTION WITH THE SECURING OF INFORMATION CONCERNING THIS APPLICATION FOR EMPLOYMENT. FINAL EMPLOYMENT IS CONTINGENT UPON RECEIVING A SATISFACTORY SECURITY CLEARANCE FROM THE PROPER CORRECTIONS AGENCY.

CORPORATE COMPLIANCE PLAN

EMPLOYMENT / EQUAL OPPORTUNITY

CMS policy is to recruit, select, train, transfer, promote, and release employees without regard to race, religion, national origin, age, gender, sexual orientation, disabled veteran or Vietnam-era veteran status. Reasonable accommodation is provided for qualified individual with a disability.

HARASSMENT

Harassment in any form will not be tolerated in the workplace. Any employee who feels that he or she has been subjected to harassment is required to report the incident immediately.

ILLEGAL SUBSTANCES

It is CMS policy to maintain an environment free of drug and alcohol abuse.

COLLUSION

It is fundamental that CMS independently determine the pricing, commissions and other contractual terms offered to clients or prospective clients.

COPYRIGHT INFRINGEMENT

It is CMS policy to respect copyrights owned by others and use copyrighted materials only as allowed by law or agreement.

POLITICAL CONTRIBUTIONS

Any political contribution or expenditure by a business unit or division is against CMS policy. Also, any reimbursement to an employee for any such contribution or expenditure is against CMS policy.

GIFTS AND ENTERTAINMENT

Gifts to employees of non-government clients, prospects, or suppliers are restricted to a value of \$200 per year. Gifts to a government or union employee (other than a nominal holiday remembrance) are prohibited. Gifts from any supplier or client to a CMS employee may not total more than \$200 per year. The cost and nature of entertainment for clients, prospects, or suppliers should be planned and carried out in a manner which appropriately and reasonably furthers the conduct of CMS' business.

ACCURATE BOOKS AND REPORTING

All transactions must be accurately recorded. Do NOT establish or maintain improper accounts or unrecorded funds or assets. All reporting of information (including, but not limited to, expense reports, accounts payable vouchers, invoice transmittals, inventory summaries, payroll data, timesheets, timekeeping data, etc.) must be accurate, honest, and timely and should be a fair representation of the facts.

CONFLICTS OF INTEREST/RELATED PARTY TRANSACTIONS

It is essential that all CMS employees avoid any situation or interest which might interfere with or compromise his/her judgment concerning responsibilities to CMS.

OUTSIDE EMPLOYMENT

A CMS employee's outside employment should not conflict with his/her responsibilities to CMS.

FINDER'S FEES

Payment of finder's fees is prohibited without the written approval of the General Counsel's office.

DISCLOSURE

If you are aware of possible violations of the CORPORATE COMPLIANCE PLAN, you must report them to your Supervisor, a Corporate Compliance Officer or Liaison, or the office of the General Counsel at Corporate Headquarters in writing or by telephoning (800) 325-4809, ext. 9360, or (314) 919-9360, or to others listed in the policies.

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SIGNATURE OF APPLICANT

PRINTED NAME

DATE

INTERNAL USE ONLY

SIGNATURE OF SITE MANAGER

PRINTED NAME

DATE