



Please email your application and resume to Great Circle at [careers@greatcircle.org](mailto:careers@greatcircle.org). In lieu of email, you may mail or fax your application and resume, according to which job(s) or location(s) you are interested in. If you are interested in more than one position, please submit a separate application for each.

<p><b>Eastern Region – HR</b> Great Circle 330 North Gore Ave. Webster Groves, MO 63119 Phone: (314)968-2060 Fax: (314)919-4887</p>	<p><b>South Central Region – HR</b> Great Circle PO Box 189 St. James, MO 65559 Phone: (573)265-3251 Fax: (573)265-8320</p>
<p><b>Central Region – HR</b> Great Circle 4304 South Bearfield Rd. Columbia, MO 65201 Phone: (573)874-8686 Fax: (573)447-8899</p>	<p><b>Southwest Region – HR</b> Great Circle 1212 W. Lombard Springfield, MO 65806 Phone: (417)865-1646 Fax: (417)865-2202</p>
<p><b>Western Region – HR</b> Great Circle 3737 S. Elizabeth Independence, MO 64057 Phone: (816)922-9436 Fax: (816)795-1488</p>	<p><b>Northwestern Region – HR</b> Great Circle 1126 East Highway WW Marshall, MO 65340 Phone: (660)831-8108 Fax: (816)795-1488</p>



Great Circle strives to make the application process as easy as possible. It is our goal to maintain high standards for the betterment of our families and children.

Please let us know if we can be of further help to you!

### **Great Circle Core Values**

Compassion – Fun – Diversity – Stewardship – Mission-Focused – Transparency – Integrity –  
Professional Excellence

Were you referred by a Great Circle Employee?

Great Circle is proud to have a Recruit and Reward Program. Please list the name of the employee who referred you so they can get credit!

For more information on how and who can earn with the Recruit and Reward Program, contact your Regional HR Director!

## EMPLOYMENT APPLICATION



Position Applied for: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements on the application and during the interview are grounds for terminating the application process or, if discovered after employment, terminating employment. Federal law provides penalties for false statements on documents related to U.S. employment eligibility. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. Great Circle reserves the right to conduct the following investigations for security reasons: child abuse/neglect, motor vehicle report, reference checks and a criminal history report. After offer of employment, prior to reporting to work, you may be required to submit to a medical review.

### AVAILABILITY

What date can you start? \_\_\_\_\_

Full-Time     Part-Time     PRN (As Needed)

What Schedule(s) are you available?

Weekdays     Weekends     Evenings     Overnights     Overtime

## EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16+

	Name	City/State	Area of Study/Major	Did you Graduate?
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO
Undergraduate				<input type="checkbox"/> YES <input type="checkbox"/> NO
Graduate				<input type="checkbox"/> YES <input type="checkbox"/> NO
Other				<input type="checkbox"/> YES <input type="checkbox"/> NO

## PROFESSIONAL LICENSES

Please List all professional licenses: \_\_\_\_\_

\_\_\_\_\_

## PREVIOUS EMPLOYERS

Please list ALL employers for the last FIVE YEARS, your most recent employer first. Continue to next page if needed.

May we contact your present employer?  YES  NO

## MOST RECENT EMPLOYER

\_\_\_\_\_  
Company Name City State

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Dates Employed Job Title Supervisor Name

\_\_\_\_\_ \$ \_\_\_\_\_

Salary  Hourly  Annual  Weekly Reason for Leaving \_\_\_\_\_

## SECOND MOST RECENT EMPLOYER

\_\_\_\_\_  
Company Name City State

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
Salary  Hourly  Annual  Weekly \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**THIRD MOST RECENT EMPLOYER**

\_\_\_\_\_ Company Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
Salary  Hourly  Annual  Weekly \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**FOURTH MOST RECENT EMPLOYER**

\_\_\_\_\_ Company Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Dated Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
Salary  Hourly  Annual  Weekly \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**FIFTH MOST RECENT EMPLOYER**

\_\_\_\_\_ Company Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Dated Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
Salary  Hourly  Annual  Weekly \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**JOB RELATED NOTE: Do NOT fill out any of this part if you believe it is not job related.**

Have you lived or worked outside the state of Missouri in the past 5 years? If Yes, where.

YES  NO \_\_\_\_\_

If the job requires, do you have a valid Missouri driver's license?

YES  NO

Have you EVER had any tickets/moving violations? If yes, please describe below.

YES  NO \_\_\_\_\_

Have you been employed by the State of Missouri, Department of Social Services?

YES  NO If yes, did you leave in good standing? \_\_\_\_\_

Have you ever been discharged from employment or asked to resign by an employer?

YES  NO If yes, please provide company name and details \_\_\_\_\_

While Great Circle Requires that a job applicant be completely candid about their prior criminal history, a criminal history or pending charges in and of itself does not exclude an individual from being considered for employment.

**NOT APPLICABLE TO COLUMBIA, MO APPLICANTS**

Are you currently under charges or have pending charges for any criminal offense?

YES  NO If yes, please provide the following:

Date of charge: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Circumstances (Identify Charge(s)): \_\_\_\_\_

For any criminal acts, have you ever been convicted, pled guilty or nolo contendere, or received a suspended imposition of sentence (regardless of whether incarceration actually occurred)?

YES  NO

If yes, this does not necessarily exclude you from consideration for employment.

Provide an explanation for each incident, including misdemeanors or felonies, and indicate whether you are currently on or have been on supervised or unsupervised probation.

Date of charge: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Circumstances (Identify Charge(s)): \_\_\_\_\_

Have you ever been involved as a perpetrator in any child abuse or elder abuse which resulted in the physical, mental, or emotional abuse or neglect, or sexual abuse of a child, elder person or eligible adult which was substantiated and documented by a state agency but not necessarily proven in court and whether a criminal conviction of any kind also occurred?

YES       NO      If yes, provide the following:

Date of charge: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Circumstances (Identify Charge(s)): \_\_\_\_\_

How did you hear about Great Circle?     Ad in Paper     Great Circle website

Other; please list \_\_\_\_\_

Have you EVER worked for Great Circle?     Yes     No

If so, please give title(s) and dates: \_\_\_\_\_

Do any of your relatives currently work for Great Circle?     Yes     No

If so, please list names: \_\_\_\_\_

## **CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on page one of this document and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus to verify any of this information including, but not limited to, child abuse/neglect criminal history and motor vehicle driving records. I authorize all persons, schools, companies, law enforcement authorities **to release any information** concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to employment, I understand that any employment with Great Circle is **at-will** and my employment may be terminated at any time for any reason.

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

By typing your name in the signature box, you are providing an electronic signature that is legally binding.





**Applicant Affirmative Action Program  
Self Identification Form**

**Required Information**

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_

**Voluntary Information**

Great Circle annually completes an Affirmative Action Plan. As part of the plan we are required to identify qualified candidates who apply for openings in our company.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department; and will be used only for the necessary information to include in our Affirmative Action Program and reporting requirements to the government. When reported, data will not identify any specific individuals.

**Gender:**       Male                       Female

**Definitions of race/ethnicity are on the next page (as defined by the Equal Employment Opportunity Commission).**

**Race/Ethnic Identification (check one):**

Are you Hispanic or Latino?  Yes                       No

**If you answered “Yes” you have completed this form. If you answered “No” please select a race from the options below.**

- |  |   |
|--|---|
| <input type="checkbox"/> White (Not Hispanic or Latino)  | <input type="checkbox"/> American Indian or Alaska Native<br>(Not Hispanic or Latino) |
| <input type="checkbox"/> Black or African American (Not<br>Hispanic or Latino)                 | <input type="checkbox"/> Two or More Races (Not Hispanic or<br>Latino)                |
| <input type="checkbox"/> Native Hawaiian or Other Pacific<br>Islander (Not Hispanic or Latino) | <input type="checkbox"/> I do not wish to disclose.                                   |
| <input type="checkbox"/> Asian (Not Hispanic or Latino)  |   |

### **Definitions of race/ethnic categories**

**Hispanic of Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

# Voluntary Self-Identification of Veterans

## Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

## Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

\_\_\_\_\_  
Your Name / Z#

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Veterans

## Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.