



Application for Employment

We consider applicants for all open positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status. This application for employment is considered active only for the time period during which the position applied for is open and will not exceed 60 days. Any applicant wishing to be considered for another position should reapply for such position.

You may request accommodation to participate in the process including completion of the application form, interviewing, or skills demonstration.

(PLEASE PRINT all information with the exception of your signature)

Position Applied For:		Date of Application:	
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How did you learn about us? Advertisement Friend Walk-in Relative
 Private Employment Agency Government Employment Agency Other _____

Last Name:		First Name:		Middle Name:	
Street Address:		City:		State:	
Telephone Number(s):		Social Security Number:		/	/

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes: No:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes: No:

Have you ever been employed with us before? Yes No If yes, give date: _____

Have you ever filed an application with us before? Yes No If yes, give date: _____

Are you currently employed? Yes No May we contact your present employer? Yes No

On what date would you be available to work? _____ / _____ / _____ Full-time Part-time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes: No:

Have you been convicted of a felony within the last seven years? Yes: No:

Such conviction may be relevant if job related, but does not necessarily bar you from employment.

If yes, please explain _____

CLINICAL APPLICANTS ONLY

Have you had a loss of privileges at any previous employment? Yes: No:

Has your clinical license ever been revoked or suspended? Yes: No:

Are there any reviews currently pending? Yes: No:

Have you ever been convicted in a malpractice action? Yes: No:

Do you have any malpractice action charges pending at this time? Yes: No:

If yes to any of the above, describe fully and attach explanation to this Application for Employment. Explanation should include the name and address of an attorney to contact.

Education

	Elementary School					High School				Undergraduate College/University				Graduate Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extracurricular activities.	<i>If job related, documentation will be required prior to employment. Please return along with this Application for Employment.</i>																
Describe any honors you have received?																	
State any additional information you feel may be helpful to us in considering your application.																	

Have you ever had any job-related training in the United States military?

Yes: No:

If yes, please describe:

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Employment Experience

Start with your present or last job. Include any job-related military service assignments or volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

1.

Employer		Dates of Service Month/Yr. Month/Yr.	Work Performed:
Address			
Telephone Number (s)		<u>Hourly Rate/Salary</u> Starting Final	
Job Title	Supervisor		
Reason for Leaving			

2.

Employer		Dates of Service Month/Yr. Month/Yr.	Work Performed:
Address			
Telephone Number (s)		<u>Hourly Rate/Salary</u> Starting Final	
Job Title	Supervisor		
Reason for Leaving			

3.

Employer		Dates of Service Month/Yr. Month/Yr.	Work Performed:
Address			
Telephone Number (s)		<u>Hourly Rate/Salary</u> Starting Final	
Job Title	Supervisor		
Reason for Leaving			

4.

Employer		Dates of Service Month/Yr. Month/Yr.	Work Performed:
Address			
Telephone Number (s)		<u>Hourly Rate/Salary</u> Starting Final	
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper. If you are applying for a clinical position, you are required to submit a resume or vita with this Application for Employment. When submitting a resume or vita, you may note in the above employment experience section “see attached resume/vita.”

References

Ozark Guidance requires the following to be included with this Application for Employment.

- Individuals applying for **clinical or medical positions** are required to provide the names and addresses of three professional references from individuals who have personal knowledge of the applicant's knowledge, skills, and abilities. Please provide information below. Individuals included should not be related to you.
- Individuals applying for **support, administrative or management** positions are required to provide three written references from individuals who have personal knowledge of the applicant's knowledge, skills, and abilities. If written documentation is not available, please provide information below. Individuals included should not be related to you.

Name	Street or PO Box and City, State, Zip	Telephone, FAX, or e-mail

Applicant's Statement

I certify that the information provided in this application and/or attached resume or vita is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment or an attached resume or vita as may be necessary in arriving at an employment decision.

I understand that:

- Providing three written references is a condition of employment.
- Complying with Ozark Guidance's drug free workplace policy and submitting to and passing a pre-employment drug test is a condition of employment.
- Providing documentation of education and relevant training as indicated on this application is a condition of employment.
- If employed, providing false or misleading information (including omission of information) in my application, resume, vita or interview may result in my discharge.
- If employed, I am required to abide by all policies, rules and regulations of the employer. Ozark Guidance may change or revise benefits, rules, policies and procedures, and regulations at any time in accordance with Board of Directors by-laws. Such changes may include a reduction in benefits.
- If employed, my employment would be "at-will" and could be terminated at any time by either party, with or without cause and with or without notice. I further understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, policies and procedures statements or manuals, benefit plans, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment. This understanding supersedes all prior agreements and representations, and any subsequent understanding that affects this arrangement must be in writing and signed by the President/CEO of Ozark Guidance.
- If employed, I will be required to provide proof of citizenship or immigration status on or before the first day of work.

I hereby warrant that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment.

Signature of Applicant:

Date: