

# EMPLOYMENT APPLICATION

The Ozarks Methodist Manor

Please Print

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

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

Last

First

Middle

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

Number & Street

City

State

Zip Code

Telephone Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Shift: \_\_\_\_\_

Full-time or Part-time

Circle One

Date available for work: \_\_\_\_\_ What is your desired hourly rate of pay? \_\_\_\_\_

How did you learn about us?

Walk-in

Advertisement

Employment Agency

Manor employee (name) \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit?  Yes  No

Have you ever been employed here before?  Yes  No

If yes, give dates: \_\_\_\_\_

Are you a U.S. citizen or an alien legally authorized to work in the United States?

Yes

No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Answering yes does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature and nature of the violation, rehabilitation and position applied for will be taken into account.  Yes  No

If YES, please provide date(s) and details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LICENSURE

Professional Licenses and/or Certifications

Are you currently?  Registered  Licensed  Certified  Does not apply

Please identify licensure  
and/or certification \_\_\_\_\_

Type

State Issued

Expiration Date

Number

Have you ever had a professional license or certification revoked or suspended or have you ever voluntarily surrendered a professional license or certificate?  Yes  No

If yes, please explain in detail \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

School                      Address                      Course of Study                      Did you graduate?                      List Diploma or Degree

High School

College/Univ.

Business/Tech.

List healthcare, business or industrial equipment operated: \_\_\_\_\_

**Starting with your most recent employer, provide the following information.**

1.

\_\_\_\_\_  
Name of Employer                      Address/                      Dates of Employment  
\_\_\_\_\_  
Job Title                      Name of Supervisor                      Phone #  
\_\_\_\_\_  
Reason for Leaving                      Starting wage                      Final Wage  
\_\_\_\_\_  
Describe Major Job Duties

2.

\_\_\_\_\_  
Name of Employer                      Address/                      Dates of Employment  
\_\_\_\_\_  
Job Title                      Name of Supervisor                      Phone #  
\_\_\_\_\_  
Reason for Leaving                      Starting wage                      Final Wage  
\_\_\_\_\_  
Describe Major Job Duties

3.

\_\_\_\_\_  
Name of Employer                      Address/                      Dates of Employment  
\_\_\_\_\_  
Job Title                      Name of Supervisor                      Phone #  
\_\_\_\_\_  
Reason for Leaving                      Starting wage                      Final Wage  
\_\_\_\_\_  
Describe Major Job Duties

May we contact your present employer?    ( ) Yes                      ( ) No

**REFERENCES**

\_\_\_\_\_  
Name                      Telephone                      Occupation                      How long has he/she known you?  
\_\_\_\_\_  
Name                      Telephone                      Occupation                      How long has he/she known you?  
\_\_\_\_\_  
Name                      Telephone                      Occupation                      How long has he/she known you?

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or elimination any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration I understand that no supervisor or representative of the employer is authorized to make an assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

Do not sign until you have read the above applicant statement.

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Completion of information below is voluntary.

In an effort to comply with requirements regarding Affirmative Action record keeping, please complete this applicant data survey. Your cooperation is appreciated.

The survey is not part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

**Please type or print**

Name:	Date:
List the title of the position(s) applied for:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Please identify yourself within one of the following <i>Ethnic Groups</i> :	
<input type="checkbox"/> Hispanic or Latino* <i>*Includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture regardless of race.</i>	
<input type="checkbox"/> <i>Not</i> Hispanic or Latino	
If you are <i>Not</i> Hispanic or Latino, please identify yourself within one of the following <i>Racial Groups</i> :	
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or More Races	
How did you learn about the job(s)?	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Government Agency <input type="checkbox"/> Employment Agency <input type="checkbox"/> Job Service <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employee <input type="checkbox"/> Other _____ <input type="checkbox"/> Internet Posting <input type="checkbox"/> Company Website            Person referring you (if applicable): _____	

### SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES:

Our voluntary Affirmative Action program is subject to the Vietnam Era Veterans Readjustment Act of 1974 and Rehabilitation Act of 1973. Therefore, we are required to take affirmative action to employ and advance in employment qualified veterans and veterans of the Vietnam Era, and qualified disabled individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran     Disabled Veteran     Individual With a Disability

#### An Equal Opportunity Employer

\_\_\_\_\_ (Community Name) is committed to equal opportunity for all. This policy governs our business activities in a manner which provides equal opportunity and treatment for all employees without regard to race, sex, color, religion, national origin, age, disability or veteran status.