



Ozarks Community  
Health Center

18614 Jackson Street, Hermitage, Mo 65668  
Phone 417-745-2121 Fax 417-745-6141

Today's date _____
Date available for hire _____
For office use only _____
60 Days _____

### OCHC Employment Application

**APPLICANT PLEASE READ:** Thank you for your interest in employment. OCHC is an Equal Opportunity employer. Your application will receive consideration without regard to race, sex, national origin, age, physical or mental impairment, or veteran status. **Be assured that every application for employment is reviewed, even though every applicant is not granted an interview.**

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
LastFirstM.I.

Address: \_\_\_\_\_  
Street AddressApartment/Unit #

\_\_\_\_\_

CityStateZIP Code

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

Are you 18 years of age or older? \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for:  
 1<sup>st</sup> Preference \_\_\_\_\_

2<sup>nd</sup> Preference \_\_\_\_\_

Minimum Salary Expected \_\_\_\_\_

Can you perform the job-related functions the position is asking for? \_\_\_\_\_

If not, will reasonable accommodations of this inability allow you to perform the job-related functions of the position? \_\_\_\_\_

Would you like to be considered for \_\_\_\_ Full time \_\_\_\_ Part time \_\_\_\_ PRN

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Do you have any family members who work for OCHC or who serves as a board member? YES  NO  If yes, who? \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References**

*Please list four professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Previous Employment

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference?      YES      NO  
        

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference?      YES      NO  
        

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference?      YES      NO

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, including drug testing and release the employer; its' agents and employees from any liability resulting from such investigation. I understand that misrepresentation. I understand and agree that my employment shall be probationary basis up to three months. I consent to taking a post-offer physical examination, including drug testing, criminal background check and further examinations as may be required. Upon my termination, I authorize the release of reference information on my work. I understand receipt of this application in no way constitutes employment or any agreement to employ.*

*I agree to abide by all rules and regulations in effect at the time of my employment or subsequently initiated. I also agree to work any shift in any department in case of emergency.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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