



OZARKS COMMUNITY HEALTH CENTER

MEDICAL • DENTAL • BEHAVIORAL HEALTH

PO Box 125 | 18614 Jackson St. | Hermitage, MO 65668
417-745-0103 417-745-2032 ozarkschc.com

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: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Are you 18 years of age or older? _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for:
1st Preference _____

2nd 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? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

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

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

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

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 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: _____

Revised 7/28/2022