



Central Office Internal Use Only:

Date Application Received: _____

Application Number: _____

OZARK ACTION, INC. EMPLOYMENT POSITIONS LIST

Indicate which position(s) and county(ies) you are interested in applying for within our agency by initialing next to the position title and checking the county or counties that you would be interested in working.

Applications will only be considered for the positions indicated by the applicant's initials and by the applicant's signature at the bottom of this form.

Please indicate with a checkmark which counties you would consider as a worksite location:

Douglas Howell Oregon Ozark Texas Wright

Please indicate below by initial next to each of the positions you are applying for under each of the department titles.

Administration Department

- ___ Corporate Services Director/EEO Officer
- ___ Customer & Support Service Clerk
- ___ Executive Director
- ___ Financial Technician/Housing
- ___ Fiscal Director
- ___ Fiscal Technician
- ___ Payroll & Support Services Technician
- ___ Receptionist
- ___ Support Services Secretary
- ___ Support Services Assistant
- ___ Support Services & Safety Assistant
- ___ Office Clerk

Head Start Department

- ___ Child Care Aide
- ___ Classroom Aide I-III
- ___ Head Start Center Mgr.
- ___ Head Start Cook
- ___ Head Start Director
- ___ Head Start Education Director
- ___ Head Start Family Advocate I-III
- ___ Head Start Food Services Admin. Asst.
- ___ Head Start Secretary
- ___ Head Start Teacher I-III
- ___ Head Start Teacher Assistant 1-III
- ___ Head Start Substitute
- ___ Health, Safety & Nutrition Coordinator
- ___ Parent Involvement/Volunteer Coordinator
- ___ Special Services Coordinator
- ___ Staff Resources Coordinator
- ___ Training Specialist Classroom Staff

Workforce Department/WIOA/NGCC Dept.

- ___ Workforce Development Case Manager
- ___ Workforce Development Center Rep.
- ___ Workforce Development Coordinator
- ___ Workforce Development Director
- ___ Workforce Development Program Mgr.
- ___ Workforce Development Summer Coor.
- ___ Workforce Development Bus. Serv. Rep.
- ___ Workforce Development Functional

Community Services Department

- ___ Community & Poverty Services Dir./LIHEAP
- ___ Community Services Representative
- ___ Community Services Rep. (LIHEAP/CSR)
- ___ LIHEAP Coordinator/Cust. Serv. Rep
- ___ Community Service Prog. Dev. Mgr.
- ___ Certified Application Counselor

Weatherization/Housing Dept.

- ___ Construction Technician
- ___ Crew Chief
- ___ Field Service Technician
- ___ Field Service Manager
- ___ Housing Division Director
- ___ Housing Inspector
- ___ Rental Assistance Manager
- ___ Weatherization Coordinator

Ozark Properties (OCDC)

- ___ Compliance & Property Mgr.
- ___ Maintenance
- ___ Property Manager
- ___ Site Manager

Applicant's Signature

Date



Ozark Action, Inc. Application for Employment
710 East Main St.
West Plains, MO 65775
Phone: (417) 256-6147; Fax: (417) 256-0333
MO Relay: 1-800-735-2966; (TDD) 1-800-735-2466 (Voice)
Website: www.oaiwp.org
Check us out on Facebook.

Helping People. Changing Lives.

Ozark Action, Inc. (OAI) is an equal opportunity employer. OAI complies with all applicable Federal, State, and Local employment laws regarding discrimination in employment. No question in this application, or any information obtained in response to any question is intended to elicit information or be used in violation of any such law. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Corporate Services Department.

Applicant must indicate on the position list the county or counties of the position(s) applied for and sign and date the form for the application to be considered.

Date of application: _____
Referral Source: [] Advertisement [] Private Employment Agency [] Employee [] Relative
[] Government Employment Agency [] Walk-in [] Other _____
Last Name: _____ First Name: _____ Middle: _____
Social Security Number #: _____ E-mail Address: _____
Address: _____
Street City State Zip
Home Phone #: () _____ Mobile/Other #: () _____ Message Phone #: () _____

If necessary, what is the best time to call you: Phone #:() _____ : _____ am/pm

May we contact you at work? Phone #:() _____ : _____ am/pm [] Yes [] No

If yes, work number and best time to call: Phone #:() _____ : _____ am/pm

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

If no, please explain: _____

Have you submitted an application here before? [] Yes [] No

If yes, give date(s) and position(s): _____

Have you ever been employed here before? [] Yes [] No If yes, list dates: From: _____ To: _____

Are you legally eligible for employment in this country? [] Yes [] No

Date available for work: _____ Desired salary range: \$ _____

Type of employment desired: [] Full-Time [] Part-Time [] Temporary [] Seasonal [] Other

Type of Drivers License: [] CDL Class [] CDL w/bus permit [] If other, specify type _____

Driver's license number if driving is an essential job function: _____ State: _____

If required, do you have independent means of transportation? [] Yes [] No

Will you work overtime if required? [] Yes [] No If no, please explain: _____

Have you ever been bonded? [] Yes [] No

Have you ever been convicted of a felony, or have you ever pled "guilty" or "no contest" to a felony criminal charge? [] Yes [] No

If yes, please provide date(s) and details: _____

Answering yes to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account. Applicant must be able to pass specific background checks for applied positions.

Educational Background (If Job Related)

A. List the last three schools attended, starting with the most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or class rank. E. Major field of study. F. Minor field of study.

A. School	B. Yrs. Complete	C. Degree/Diploma	D. GPA/Rank	E. Major	F. Minor

References

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	# of Years Known
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc:

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve, National Guard or any other similarly protected status.

List any additional information you would like us to consider:

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain gaps in employment in comments section below.

Employer Name	Telephone Number ()	Dates Employed	Hourly Rate/Salary
Address/City, State, Zip		From:	Starting \$: Per:
Starting Job Title / Final Job Title		To:	Final \$: Per:
Immediate Supervisor and Title		Summarize the type of work performed and job responsibilities:	
Reason for Leaving			
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer Name			
Telephone Number ()	Dates Employed	Hourly Rate/Salary	
Address/City, State, Zip		From:	Starting \$: Per:
Starting Job Title / Final Job Title		To:	Final \$: Per:
Immediate Supervisor and Title		Summarize the type of work performed and job responsibilities:	
Reason for Leaving			
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer Name			
Telephone Number ()	Dates Employed	Hourly Rate/Salary	
Address/City, State, Zip		From:	Starting \$: Per:
Starting Job Title / Final Job Title		To:	Final \$: Per:
Immediate Supervisor and Title		Summarize the type of work performed and job responsibilities:	
Reason for Leaving			
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer Name			
Telephone Number ()	Dates Employed	Hourly Rate/Salary	
Address/City, State, Zip		From:	Starting \$: Per:
Starting Job Title / Final Job Title		To:	Final \$: Per:
Immediate Supervisor and Title		Summarize the type of work performed and job responsibilities:	
Reason for Leaving			
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer Name			

Comments: (Explain any gaps in employment) _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

Notice to Applicants for Position of Family Advocate or Classroom Aide

If an applicant is interested in applying for the Family Advocate or Classroom Aide positions, they are hereby being advised that the applicant must be able to obtain a Missouri Commercial Driver's License (CDL) and a School Bus Operator's Permit within 60 days of hire. Part of this process includes a nationwide criminal background check, fingerprinting and a medical/physical examination.

You will be denied a School Bus Operator's Permit if:

- You fail any medical/physical examination or test required to obtain a bus operator permit or CDL.
- You fail the driving exam three times.
- Your driving record shows your license is, or has recently been, suspended or revoked or you have a history of moving traffic violations.
- You have a history of any of the criminal violations specified in Chapter 302, RSMo. – a list of these violations is available upon request.
- You are under twenty-one years of age

I have read and understand the above information and believe that I will be able to obtain a CDL and School Bus Operator Permit.

Signature of Applicant

Date

This is not to be considered an offer of employment; this is information for interested applicants concerning the Family Advocate or Classroom Aide positions. OAI reserves the right to reject any and all applications.

Declaration Form and Applicant Statement

Declaration Form for Prospective Employees – (Interested Applicants for Head Start Positions must read and sign this statement)

For use by Head Start Agencies to comply with 45CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Policies Section 1301.31(c) and (d).

Name of Prospective Employee: _____

Federal policies now require that Head Start agencies require all prospective employees to sign a declaration prior to employment which list:

- (1) All pending and prior criminal arrests and charges related to child sexual abuse and their dispositions.
- (2) Convictions related to other forms of child abuse and/or neglect; and
- (3) All convictions of violent felonies.

The Declaration May Exclude:

Any offence, other than any offence related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee’s 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law.

Any conviction for which the record has been expunged under Federal or State law; and

Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

Please provide your signature on the appropriate category below:

(1) I HAVE NOT been arrested, charged and/or convicted on one or more of the three types of offenses listed above.

Signature of Applicant

Date

(2) I HAVE been arrested, charged, and/or convicted on or more of the three types of offences listed above. If so, please attach information listing the offence(s), the date(s) of the arrest, charge, and/or convictions, and other relevant information.

Signature of Applicant

Date

Applicant Statement—(ALL Applicants must Read and Sign)

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

I understand that any information provided by me is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

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 such information about me.

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

I understand that this application remains current for only 6 months. 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 to reapply and fill out a new application.

I understand that any applicant offered a position of employment must take and pass a drug test as a condition of being employed by OAI. Any applicant that fails a drug test will not be employed.

I understand that any applicant considered for a position will be required to complete a Missouri Department of Health and Senior Services family care registry form and/or Missouri Highway Patrol/fingerprinting form. A finding on a background screening could disqualify an applicant from certain OAI positions of employment. Screenings are reviewed for job related issues; time since offence and what type of offense whether it was violent or non-violent.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and 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 defined duration. I understand that no supervisor or representative of the employer is authorized to make any assurances 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 executive director or board president.

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

If you are applying for a Head Start position, have you ever been a child in Head Start or a parent of a child enrolled in a Head Start program?

Yes No If so, specify date and whether you were a child or a parent in the program: _____

Are any of your friends or relatives employed by OAI or serve on the OAI Board of Directors, Head Start Policy Council, Workforce Investment Board, or Housing Board of Commissioners? Yes No If yes, state name, board served on or relationship: _____

Application Statement per OAI Personnel Policies, Section II, Subsection B-3-b, Page 2:

By signing this application, I am authorizing investigation of all statements contained in this application, including criminal background checks and checks of salaries, references and employers. I understand that all information will be considered in determining eligibility for employment and that a false or dishonest answer to any question on this application will be grounds for an ineligible rating for employment with this agency, or for dismissal after employment.

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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Equal Employment Opportunity/Affirmative Action Voluntary Information

COMPLETION OF THE INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any lawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations, which may apply, we invite you to complete this application data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT:

Position(s) applied for: _____ Date of application: _____

Referral Source: Advertisement Private Employment Agency Employee Relative
 Government Employment Agency Walk-in Other _____

Name of person who referred you (if applicable): _____

Applicant Information

Name: _____ Telephone #: () _____
Last First Middle

Address: _____
Street City State Zip

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

White (not of Hispanic origin) Black or African American (not of Hispanic origin) Hispanic
 American Indian/Alaskan Native Native Hawaiian or Asian/Pacific Islander Two or more races

For Administrative Use Only

Position(s) applied for: Available Not Available

Other positions considered for: _____

Hired: Yes No

Position hired for: _____

From the EEO job classifications listed below, which one best describes the position filled?

Executive/Senior level Officials and Managers First/Mid-Level Official and Managers Professionals
 Technicians Sales Workers Admin Support Worker Craft Worker
 Operatives Laborer and Helpers Service Workers Other not listed

Notes: _____

Employee Completing Form/Date: _____

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CONSENT TO DRUG AND ALCOHOL TESTING

I, _____, acknowledge receipt of Ozark Action, Inc.'s Drug and Alcohol Testing Policy. I understand that I am subject to drug and alcohol testing under this policy as an applicant for employment; when Ozark Action has reasonable suspicion to believe that I am in violation of the Policy; following certain accidents; on a random basis; on a follow up/return to duty basis and when I transfer to a position requiring a commercial driver's license (CDL). The circumstances when testing will be performed are described in the Policy.

I hereby consent to the drug and alcohol testing as described in the Policy. I release and discharge Ozark Action, and its officers and employees, from any claims or liabilities in connection with the collection of samples, testing and disciplinary action based on the test results, and from any search or investigation arising from a suspected violation of this Policy.

I understand that if I test positive for drugs or alcohol in violation of the Policy, I will be subject to disciplinary action, and if I am an applicant that I will be disqualified from employment with Ozark Action. I understand that I am employed at will. I have the right to leave employment with Ozark Action at any time and for any reason, and Ozark Action has the right to terminate my employment at any time and for any reason. Neither this Consent, nor the Policy, alters my status as an at will employee.

Employee/Applicant

Date

HR/CSD Administrator

Date