

NOTICE:

The Department of Mental Health and the State of Missouri require that staff hired by The Arc of the Ozarks meet the following criteria:

1. You must be 18 years of age or older
2. You must have a high school diploma or GED
3. You must be a Licensed Driver
4. You must have no felony arrest
5. You must have liability insurance on your car
6. Any individual requiring certification/licensure must provide an official copy of that document mailed directly to The Arc of The Ozarks within 30 days of hire. Any person hired into a degreed position must provide an official transcript, sent directly to us within 30 days of hire.

Items Required for Orientation:

1. Proof of High School graduation (Diploma, GED, College transcripts)
2. Drivers License
3. Social Security Card
4. Proof of eligibility to work in the United States
5. Proof of Automobile Insurance
6. Voided Check (If you do not have a checking/savings account, you may open an account with Metro Credit Union for direct deposit. This account must be opened prior to attending orientation.)
7. You must bring all original documents—**no copies.**

If you cannot attend orientation please call 864-7887 and ask for Human Resources. **If you are unable to obtain any one of the documents listed above or you do not meet any one of the criteria listed on this sheet, you cannot be employed by The Arc of the Ozarks.**

(2)
FORMER EMPLOYERS

List Below the last three employers, starting with the most recent one first.

| | | | |
|----------------------------------|--------------------|---|----------|
| Name of Present Or Last Employer | | | |
| Address | City | State | Zip Code |
| Starting Date | Leaving Date | Job Title | |
| Starting Salary | Ending Salary | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of Supervisor | Supervisor's Title | Employer's Phone Number | |
| Description of work | | | |
| Reason for leaving | | | |

| | | | |
|----------------------------------|--------------------|---|----------|
| Name of Present Or Last Employer | | | |
| Address | City | State | Zip Code |
| Starting Date | Leaving Date | Job Title | |
| Starting Salary | Ending Salary | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of Supervisor | Supervisor's Title | Employer's Phone Number | |
| Description of work | | | |
| Reason for leaving | | | |

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|----------------------------------|--------------------|---|----------|
| Name of Present Or Last Employer | | | |
| Address | City | State | Zip Code |
| Starting Date | Leaving Date | Job Title | |
| Starting Salary | Ending Salary | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of Supervisor | Supervisor's Title | Employer's Phone Number | |
| Description of work | | | |
| Reason for leaving | | | |

(3)

REFERENCES:

Below, give the names of three persons you are not related to, whom have known you at least one year:

| Name | Address | Business | Years Acquainted | Telephone Number |
|------|---------|----------|------------------|------------------|
| | | | | () |
| | | | | () |
| | | | | () |

SERVICE RECORD:

| | |
|-------------------|----------------|
| Branch of Service | Discharge Date |
| Rank at Discharge | |

CRIMINAL HISTORY:

| |
|--|
| <p>Have you had any moving violations in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other than traffic violations, have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you been convicted of a felony within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>If you have answered Yes, please explain the circumstances: (This will not necessarily exclude you from consideration for a position)</p> |
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AUTHORIZATION;

I Certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

*** The Policy of The Arc of The Ozarks is that all employees who do not have a written employment contract with The Arc of the Ozarks for a specific, fixed term of employment are employed at the will of The Arc of the Ozarks for an indefinite period.**

Signature

Date

The Arc of the Ozarks

1501 East Pythian, Springfield, MO 65802 1-417-864-7887 Fax 1-417-864-4307

AUTHORIZATION FOR RELEASE OF INFORMATION

Regarding:

Applicant's Name: _____

Applicant's Current Address: _____

Applicant's Social Security Number: _____ - _____ - _____

Agency Contact Person: Doug Wallner, Director of Human Resources

Authorization will expire one year from the date shown below.

I, the undersigned, authorize and consent to any person, firm, organization, or corporation to be provided a copy (including photocopy or facsimile copy) of this Authorization for Release of Information by the above stated agency to release and disclose to the Arc all information or records requested regarding me including, but not limited to, my employment records (if any), and background. I have authorized this information to be released, either in writing or via telephone, in connection with my application for employment or to be a volunteer at The Arc of the Ozarks.

Any person, firm, organization, or corporation providing information or records in accordance with this Authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

Signature of Prospective Employee

Date

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Date ___/___/___

Position(s) applied for _____

Referral Source

Advertisement Employee Relative Walk-in School Government Employment Agency

Private Employment Agency Other

Name of Source(If Applicable) _____

Applicants name _____

Last

First

Middle

Area Code Phone

Address _____

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligation, we ask that you complete this applicant data survey. Your cooperation is appreciated.

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

Check One: _____ Male Female

Check one of the following Race/Ethnic Group

Hispanic

Black White

American Indian/Alaskan native

Asian/Pacific islander

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

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of Vietnam Era, and qualified handicapped 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 HANDICAPPED INDIVIDUAL

**To be completed by applicant-Not for interview purposes-To be filed separately from application.
This information is used to satisfy the Affirmative Action requirements of Section 503 of the
Rehabilitation Act or necessitated by another federal law or regulation.**

**Do not write on this page
For interviewers use only**

| | |
|------------------|------|
| Interviewed By | Date |
| Program Comments | |
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| | |
|------------------|------|
| Interviewed By | Date |
| Program Comments | |
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|------------------------|--------------|
| Hired (Date) for Dept: | For Position |
| Salary Wages | Will Report |

| | | |
|-------------|--|------|
| | | |
| Approved #1 | Manager/Supervisor Signature | Date |
| Approved #2 | Director of Program Services Signature | Date |
| Approved #3 | HR Director Signature | Date |