

# APPLICATION FOR EMPLOYMENT

HR USE ONLY

College of the Ozarks  
PO Box 17  
Point Lookout, Missouri 65726

*An Equal Opportunity Employer*

Documents Received:  
 Resume  
 Reference Checks  
 Payroll/Status Change Notice

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED  
PLEASE PRINT

Date \_\_\_\_\_

*Important Notice: We consider applicants for all positions without regard to race, color, religion, sex, national origin or ancestry, age, pregnancy, veterans status, handicap or disability which (with or without reasonable accommodations(s), if requested) does not interfere with the performance of essential job functions, or any other legally protected status.*

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
First Middle Last

Present address \_\_\_\_\_  
No. Street City State Zip

Previous address \_\_\_\_\_  
No. Street City State Zip

Telephone Number (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Are you legally authorized to be employed in the United States?  Yes  No Are you over the age of 18?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

## GENERAL

Are you currently employed? \_\_\_\_\_ If not, when was your last day of employment? \_\_\_\_\_

Position applying for \_\_\_\_\_  Full Time  Part Time  Temporary

Rate of pay expected \_\_\_\_\_ Were you referred to the College of the Ozarks? \_\_\_\_\_ If yes, who referred you? \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Type of School	Name and City	Degree
College		
Technical School		
High School		
Other		

**LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT**

**1**

<b>COMPANY NAME</b>		<b>DATES WORKED</b>		<b>POSITION(S) HELD</b>	
ADDRESS, CITY, STATE, ZIP		FROM	TO		
PHONE NO. ( ) TYPE OF BUSINESS		DUTIES / RESPONSIBILITIES			
NAME OF SUPERVISOR		REASON FOR LEAVING			
STARTING WAGE	<input type="checkbox"/> HOUR	ENDING/CURRENT	<input type="checkbox"/> HOUR		
INCOME \$	<input type="checkbox"/> YEAR	\$	<input type="checkbox"/> YEAR		

**2**

<b>COMPANY NAME</b>		<b>DATES WORKED</b>		<b>POSITION(S) HELD</b>	
ADDRESS, CITY, STATE, ZIP		FROM	TO		
PHONE NO. ( ) TYPE OF BUSINESS		DUTIES / RESPONSIBILITIES			
NAME OF SUPERVISOR		REASON FOR LEAVING			
STARTING WAGE	<input type="checkbox"/> HOUR	ENDING	<input type="checkbox"/> HOUR		
INCOME \$	<input type="checkbox"/> YEAR	\$	<input type="checkbox"/> YEAR		

**3**

<b>COMPANY NAME</b>		<b>DATES WORKED</b>		<b>POSITION(S) HELD</b>	
ADDRESS, CITY, STATE, ZIP		FROM	TO		
PHONE NO. ( ) TYPE OF BUSINESS		DUTIES / RESPONSIBILITIES			
NAME OF SUPERVISOR		REASON FOR LEAVING			
STARTING WAGE	<input type="checkbox"/> HOUR	ENDING	<input type="checkbox"/> HOUR		
INCOME \$	<input type="checkbox"/> YEAR	\$	<input type="checkbox"/> YEAR		

**WORK REFERENCES**

NAME		YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY					
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE	

NAME		YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY					
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE	

NAME		YEARS KNOWN	RELATIONSHIP AND TITLE		
COMPANY					
WORK ADDRESS	CITY	STATE	HOME PHONE	WORK PHONE	

## SPECIAL SKILLS

Please check the skills for which you have received training:

Word Processing (WPM \_\_\_\_\_)       Data Entry       10 - Key Calculator

Software Packages: \_\_\_\_\_

Programming Languages: \_\_\_\_\_

Database: \_\_\_\_\_

Manufacturing Equipment: \_\_\_\_\_

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

\_\_\_\_\_

### APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the College of the Ozarks may investigate the information I have provided in this application, including but not limited to my education and employment history. I understand that if I am offered a position, the position may be conditioned on the results of a physical examination, drug test and/or background check.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in the rejection of my application or dismissal.

If employed, I agree to abide by all the rules and policies of the College of the Ozarks.

This certifies that this application was completed by me, and that all entries on it and information I have provided is true and complete to the best of my knowledge.

I hereby acknowledge that any employment relationship with the College is of an "at will" nature, which means that I may resign at any time, and the College may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged as applying to me in writing by the President and/or Board of Trustees of the College.

The application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should again inquire as to whether or not applications are being accepted at that time.

\_\_\_\_\_  
Applicant's Signature \*

\_\_\_\_\_  
Date

\*Are there any other names that your credit, education transcripts, or employment records would be listed under?  Yes  No

If yes, please list the alternative names: \_\_\_\_\_

**Authorization to Secure Consumer Investigative Report**

I authorize the College of the Ozarks to make whatever inquiries it may deem necessary in connection with my application of employment. As part of such inquiries, the College has my permission to contact persons who may have information regarding my suitability for employment and to secure consumer reports (including investigative consumer reports).

I authorize and instruct any person or agency contacted to participate or conduct inquiries at the College's request, to compile information, and to furnish any information obtained as a result of such inquiries. Such information may include, among other things, information from all sources of employment, education, motor vehicle, financial history, and criminal history records.

I further authorize the College, in its sole discretion, to furnish copies of this authorization and my application to any person and/or consumer reporting agency in connection with above purposes.

This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b)(B).

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

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

## Disclosure Statement

Information contained in reports obtained by the College of the Ozarks in accordance with the above authorization may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living.

You have the right to request that the College completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the personnel department within a reasonable period of time after your application for employment is received.

If the College obtains a consumer report about you from any consumer reporting agency and, based on information contained in that report, takes any adverse employment action against you, you will be provided the name and address of the party who prepared the report, a copy of the report, and a copy of a notice outlining your rights under the Fair Credit Reporting Act before such action is taken.

This disclosure is made pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b)(2)(A).

I hereby acknowledge that I have read the above disclosure statement and have understood it.

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

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