



OZARKS AREA COMMUNITY ACTION CORPORATION
An Equal Opportunity Employer

INSTRUCTIONS FOR EMPLOYMENT APPLICATION

1. Applications are only accepted if an advertised position is available. Our positions are posted on the OACAC website at: www.oacac-caa.org under employment info, advertised in the Springfield News Leader, on CareerBuilders.com or in the local county newspaper. If a position is available in a county center, the address for that location will be listed in the advertisement. Application and current resume must be received in our office by the deadline or the application will not be considered.
2. The Application for Employment is Form #1 and is three pages long. It must be filled out entirely and submitted with a current resume or it will not be considered. There is an additional page for employment history if needed. **Do not use “see resume”.**
3. If you are applying for a Head Start position you must complete the Declaration Form for Prospective Employees for Head Start Program following the application. **You must also complete the Missouri Family Care Safety Registry Worker Registration Form. The link for this form is located on our web site under Employment Info.**
4. The Employment Application, additional employment forms, if necessary, and current resume can be brought into our office in person, mailed or faxed to:

OACAC
“Attn” HR Director
215 S. Barnes
Springfield, MO 65802
FAX TO: 417-873-3352

NOTE: APPLICATION, ADDITIONAL EMPLOYMENT FORMS, IF NECESSARY, AND CURRENT RESUME MUST BE RECEIVED IN OUR OFFICE BY THE DEADLINE OR THE APPLICATION WILL NOT BE CONSIDERED.



APPLICATION FOR EMPLOYMENT

OZARKS AREA COMMUNITY ACTION CORPORATION

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General Information

<ul style="list-style-type: none"> Follow instructions carefully Provide detail—DO NOT use “see resume” Print or type neatly 		<ul style="list-style-type: none"> Completely fill out or application will not be considered Check for errors & signature before submitting Position (s) applied for must be indicated on form 			
Position (s) applying for:		County/Location:		Date of application:	
Name (Last, First, Middle Initial)		Telephone:		Social Security Number	
		Cell Phone:			
Mailing Address		City		State	Zip
Have you ever been employed by OACAC before or volunteered? (If yes, please indicate position and date).					
Is any member of your family presently working for OACAC in any capacity? (If yes, please state name and position).					
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain). <i>Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.</i>					
Do you have a valid Missouri driver’s license? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="text"/> State <input type="text"/>		<input type="text"/> Expiration Date		CDL w/passenger endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education and/or Skills

Did you graduate from high school or receive a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you at least 18? <input type="checkbox"/> Yes <input type="checkbox"/> No					
School Name and Location <small>(college, business, nursing, vocational, other)</small>	Number of Hours	Field of Study		Did you graduate?	Diploma or Degree earned
		Major	Minor		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check computer experience: <input type="checkbox"/> Excel <input type="checkbox"/> Word <input type="checkbox"/> Desktop Publisher <input type="checkbox"/> Access Other _____					
List clerical/phone/office skills: _____ Secondary Language: _____					
List work experience with young children and ages: _____					
List any social work/case management/volunteer work experience _____					
License/Certification	State	Profession	License/Certification Number	Expiration Date	
Military Service from <input type="text"/> To <input type="text"/> Branch of Service					

- Start with your current or last job—include armed forces service and self-employment information.
- Any change of job title under the same employer should be considered a separate position.

May we contact your current employer for a reference?

What date would you be available for work?

Employment History
 (Provide detail—do not use “see resume”)

1	Employer	Phone	Supervisor's Name
	Type of Business	Address	
Your Job Title		Dates Employed (Mo/Day/Yr)	
Duties:			

Monthly Salary	Reason for Leaving
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2	Employer	Phone	Supervisor's Name
	Type of Business	Address	
Your Job Title		Dates Employed (Mo/Day/Yr)	
Duties:			

Monthly Salary	Reason for Leaving
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3	Employer	Phone	Supervisor's Name
	Type of Business	Address	
Your Job Title		Dates Employed (Mo/Day/Yr)	
Duties:			

Monthly Salary	Reason for Leaving
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4	Employer	Phone	Supervisor's Name
	Type of Business	Address	
Your Job Title		Dates Employed (Mo/Day/Yr)	
Duties:			

Monthly Salary	Reason for Leaving
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5	Employer	Phone	Supervisor's Name
	Type of Business	Address	
Your Job Title		Dates Employed (Mo/Day/Yr)	
Duties:			

Monthly Salary	Reason for Leaving
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6	Employer	Phone	Supervisor's Name
	Type of Business	Address	
Your Job Title		Dates Employed (Mo/Day/Yr)	
Duties:			

Monthly Salary	Reason for Leaving
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Name: _____

Position (s) applying for: _____

Other Qualifications: Describe in detail the part of your experience or education which you believe to be pertinent to meeting the qualifications for and performing the duties of this position. Describe any job related experiences obtained through civic, volunteering or community work.

REFERENCES

List below the names of three persons not related to you, who can provide work-related references and whom you have known for at least one year.

References

<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p># of Years Known: _____</p> <p>Occupation: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p># of Years Known: _____</p> <p>Occupation: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p># of Years Known: _____</p> <p>Occupation: _____</p>
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APPLICANT'S STATEMENT

Read carefully before signing.

I authorize investigation of all statements made on my resume, application, or those made during an interview for job selection. Such investigation may include checks for criminal record, driving record, child abuse/neglect record, drug and alcohol testing, references, and past/current employers. I authorize my former employers to furnish and release all information relating to my employment, such as the quality of my work, dates of employment, and reason for leaving. In addition, I release OACAC, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand that all information will be considered in determining eligibility for employment and that a false or dishonest answer to any question will be grounds for an ineligible rating for employment with OACAC or for dismissal after employment. All findings related to the employment investigation will be preserved in the applicant's file.

I understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration.

_____ Date

_____ Applicant's Signature

Authorization & Signature

Name:
Position (s) applying for:

7	Employer	Phone	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (Mo/Day/Yr)	
Duties:			
Monthly Salary		Reason for Leaving	

8	Employer	Phone	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (Mo/Day/Yr)	
Duties:			
Monthly Salary		Reason for Leaving	

9	Employer	Phone	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (Mo/Day/Yr)	
Duties:			
Monthly Salary		Reason for Leaving	

10	Employer	Phone	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (Mo/Day/Yr)	
Duties:			
Monthly Salary		Reason for Leaving	

11	Employer	Phone	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (Mo/Day/Yr)	
Duties:			
Monthly Salary		Reason for Leaving	



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DECLARATION FORM FOR PROSPECTIVE EMPLOYEES
HEAD START PROGRAM

Name (Last, First, Middle Initial)

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

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

The declaration may exclude:

- Any offense, other than any offense 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
- Any conviction set aside under the Federal Youth Correction 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. OACAC 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:

I have not been arrested, charged, and/or convicted on one or more of the three (3) types of offenses listed above.

Signature: _____ Date: _____

I have been arrested, charged, and/or convicted on one or more of the three (3) types of offenses listed above. Please attach information listing the offense (s), the date (s) of the arrest, charge, and/or conviction, and other relevant information.

Signature: _____ Date: _____

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