



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.oac.ac under employment. A current resume and cover letter must also be received in our office by the job ad deadline.
2. The Application for Employment must be completely filled out and submitted with a current resume and cover letter. Please do not use “see resume” on the application. Please ensure your resume includes your top accomplishments, work experience and job-relevant skills.
3. All applicants must complete a Missouri Family Care Safety Registry Worker Registration Form.
4. A current resume and cover letter may be brought into our office in person, mailed or faxed to:

OACAC
Attn: HR Director
215 S. Barnes
Springfield, MO 65802
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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<ul style="list-style-type: none"> Follow instructions carefully Provide detail—DO NOT use “see resume” Must use legal name 		<ul style="list-style-type: none"> Completely fill out application Check for errors & signature. Type or print neatly. Position(s) applied for must be indicated on form 			
Position(s) applying for:		County/Location:		Date of application:	
Last Name		First Name			Middle Initial
Mailing Address		City		State	Zip
Telephone		Cell Phone		Email	
Have you ever been employed by OACAC before or volunteered? (If yes, please indicate position and date). Yes No					
Is any member of your family presently working for OACAC in any capacity? (If yes, please state name and position). Yes No					
Have you ever been convicted of a crime other than a minor traffic violation? <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?				Yes	No
Are you authorized to work in the US?				Yes	No
Did you graduate from high school or receive a GED Certificate?				Yes	No
Are you at least 18?				Yes	No

<ul style="list-style-type: none"> 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? Yes No		What date would you be available for work?	
1	Employer:	Phone:	Supervisor’s Name:
Type of Business		Your Job Title:	
Dates Employed (M/D/Y)			
Duties:			
Monthly Salary		Reason for Leaving	

2	Employer:	Phone:	Supervisor's Name:
Type of Business		Your Job Title:	
Dates Employed (M/D/Y)			
Duties:			
Monthly Salary		Reason for Leaving	
3	Employer:	Phone:	Supervisor's Name:
Type of Business		Your Job Title:	
Dates Employed (M/D/Y)			
Duties:			
Monthly Salary		Reason for Leaving	

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.

1	Name:	Phone:
Email:		Number of Years Known:
Occupation:		
2	Name:	Phone:
Email:		Number of Years Known:
Occupation:		
3	Name:	Phone:
Email:		Number of Years Known:
Occupation:		

Please tell us how you learned about the position (s) you are applying for:

OACAC Website

Missouri Career Center

Newspaper

Social Media (please specify) _____

Job Board

Other (please specify): _____

APPLICANT'S STATEMENT

Read carefully before signing.

I understand that OACAC may make inquiries related to statements made on my resume, application, or during an interview for job selection. Any such inquiries will be performed in compliance with any applicable law.

I understand that a false or dishonest answer to any questions will be grounds for an ineligible rating for employment with OACAC or for dismissal if I am employed.

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

I agree and understand that by signing the Electronic Signature on this employment application, that my electronic signature is the legal equivalent of my handwritten signature. I affirm all statements and answers submitted on this application are true and accurate to the best of my knowledge.

Date

Applicant's Signature