

# Application for Employment

**OZARK HEALTH**  
PO Box 206 – Clinton, AR 72031  
501-745-7000

**INSTRUCTIONS:** Complete all necessary information. You may be asked to provide additional Information on another form. This application will be kept on file. It is to your advantage to Periodically check to keep it current and active. Be sure to sign and date the application.  
*Please print.*

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position applied for \_\_\_\_\_ Shift preferred 1  2  3  Any

Special training or skills: (languages, machine operation, etc.) that would be of benefit in

The job for which you are applying: \_\_\_\_\_

\_\_\_\_\_

Would you accept full-time work? Yes  No  Would you accept part-time work? Yes  No

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed here before? Yes  No  Dates \_\_\_\_\_

Do you have a legal right to be employed in the U. S.? Yes  No  If yes, proof is required.

Are you of legal age to work? Yes  No

## Educational Background

**High School:** Name and location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate? Yes  No  Degree or diploma \_\_\_\_\_ Date \_\_\_\_\_

**College:** Name and location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate? Yes  No  Degree or diploma \_\_\_\_\_ Date \_\_\_\_\_

**Vocational Training:** Name and location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate? Yes  No  Degree or diploma \_\_\_\_\_ Date \_\_\_\_\_

**Continuing Education:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal References:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR OFFICE USE ONLY

Interview \_\_\_\_\_

Physical \_\_\_\_\_

NEO \_\_\_\_\_

Position \_\_\_\_\_

Rate \_\_\_\_\_

Hire Date \_\_\_\_\_

Lic/Cert # \_\_\_\_\_

Other \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attachments

Resume

Applicant Reference Check

Applicant Interview

Add to Payroll form

Other \_\_\_\_\_

## Previous Employers and Addresses

PLACE AN X BY THE EMPLOYER(S) YOU DO NOT WANT US TO CONTACT. LIST THE MOST RECENT EMPLOYER FIRST.

1. Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Last wage \_\_\_\_\_
2. Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Last wage \_\_\_\_\_
3. Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Last wage \_\_\_\_\_
4. Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Last wage \_\_\_\_\_

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, veteran status, religion or citizenship.

**TO WHOM IT MAY CONCERN:**

We are presently considering \_\_\_\_\_, SS# \_\_\_\_\_  
For employment with \_\_\_\_\_. This applicant informs us that he/she was  
employed by your firm from \_\_\_\_\_ to \_\_\_\_\_ in the capacity of \_\_\_\_\_  
\_\_\_\_\_. Your earliest attention to the following questions will be greatly  
appreciated. We will hold any information submitted to us on a "need to know basis" only.

Sincerely,

\*\*\*\*\*

I hereby authorize \_\_\_\_\_ to investigate my previous record of  
employment to ascertain any and all job related information which may concern my record,  
whether such information is in a personnel file or not. I authorize my former employees to  
release and to discuss all job related information involving my employment. I release my former  
employers from all liability for any damages on account of furnishing such information and hold  
them harmless.

\_\_\_\_\_  
(Applicant's signature) (ie Maiden Name) Date

Are the above statements (dates of employment and position held) correct?  
\_\_\_\_\_

Was he/she a satisfactory employee? (Explain , if necessary.) \_\_\_\_\_  
\_\_\_\_\_

Was his/her attendance satisfactory? \_\_\_\_\_

Why did he/she leave your employment? \_\_\_\_\_

Was he/she the subject of discipline? Why? \_\_\_\_\_

Was he/she involved in any workplace violence? Please explain. \_\_\_\_\_  
\_\_\_\_\_

Would you rehire him/her? \_\_\_\_\_ If not, why? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature) (Title) (Date)

