

APPLICATION FOR EMPLOYMENT



Mail Completed Application to:
Ozark Supported Living
20503 County Rd 290A
Puxico, MO 63960
or email to:
dcato@ozarksupportedliving.com

PERSONAL INFORMATION

Name:	Date:
Address: City, State & Zip:	
Phone:	Email Address:
Are you legally eligible to work in the United States?	
Do you have reliable transportation?	

POSITION APPLYING FOR

Title of Position Applying for:	Hourly Pay Desired:
Referred By:	Date Available to Begin:

EDUCATION / CERTIFICATIONS

GED: City/State:	GED Received:
High School: City/State:	High School Diploma Received:
College/University: City/State:	Degree Earned:
Trade School: City/State:	Certificate Earned:
Do you have a current CPR/First Aid Certification?	Expiration Date:
Have you ever held a Level One Medication Aide Certification?	Expiration Date:
Have you ever held a Certified Medication Tech Certification?	Expiration Date:
Have you had Positive Behavior Support training?	Date Earned:
Any other Trainings or Certifications (CNA, EMT, etc.)	Expiration Dates:

LIST 3 REFERENCES (PERSONAL, PROFESSIONAL & FAMILY) THAT YOU HAVE KNOWN LONGER THAN ONE YEAR

Personal Reference / Name:	Relationship:
Phone Number:	Years Acquainted:
Professional Reference / Name:	Relationship:
Phone Number:	Years Acquainted:
Family Member / Name:	Relationship:
Phone Number:	Years Acquainted:

DISCLOSURE	
Have you ever been convicted of a crime other than a minor traffic violation?	
Have you ever been placed on an Employee Disqualification List?	
EMPLOYMENT HISTORY – BEGIN WITH MOST RECENT EMPLOYER	
Employer Name: City/State: Phone:	Employed (month/year) From: To:
Name of Supervisor:	Your Job Title:
Job Duties Include:	Reason for Leaving:
Employer Name: City/State: Phone:	Employed (month/year) From: To:
Name of Supervisor:	Your Job Title:
Job Duties Include:	Reason for Leaving:
Employer Name: City/State: Phone:	Employed (month/year) From: To:
Name of Supervisor:	Your Job Title:
Job Duties Include:	Reason for Leaving:
Employer Name: City/State: Phone:	Employed (month/year) From: To:
Name of Supervisor:	Your Job Title:
Job Duties Include:	Reason for Leaving:

I certify that the facts contained in this application are true and completed to the best of my knowledge, and I understand that if employed, falsified statements on this application may result in my discharge.

I authorize verification of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that I am to abide by the policy and procedures of this agency.

Applicant's Signature: _____ Date: _____