



3045 S. NATIONAL AVE.  
 SPRINGFIELD, MO 65804

# APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY – WRITE CLEARLY – ANSWER ALL QUESTIONS

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT  
 BECAUSE OF RACE, COLOR, CREED, AGE, SEX, MARITAL STATUS, NATIONAL  
 ORIGIN, PHYSICAL OR MENTAL IMPAIRMENT OR MEDICAL CONDITION.

APPLICANT INFORMATION				
LAST NAME	FIRST NAME	MIDDLE NAME	APPLICATION DATE	
CURRENT ADDRESS (NUMBER & STREET)		HOME PHONE	PHONE FOR MESSAGE	
CITY, STATE & ZIP		SOCIAL SECURITY NO		
POSITION APPLYING FOR	EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU ACCEPT PART TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU WORKED FOR OSS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?		WILL YOU ACCEPT TEMPORARY WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU APPLIED FOR WORK WITHIN OSS IN THE LAST SIX MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOURS YOU CAN WORK?		
CITIZENSHIP		DRUG FREE WORK PLACE – DRUG SCREEN		
ARE YOU EITHER A UNITED STATES CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO  PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 ALL APPLICANTS, UPON BEING MADE AN OFFER OF EMPLOYMENT, MUST PRODUCE DOCUMENTS, WHICH ARE SPECIFIED BY THE FEDERAL GOVERNMENT, ESTABLISHING THEIR IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES. THESE DOCUMENTS MUST BE PRODUCED NO LATER THAN SEVENTY-TWO (72) HOURS AFTER COMMENCEMENT OF EMPLOYMENT. YOU WILL ALSO BE REQUIRED TO SIGN FORM I-9 ISSUED BY THE FEDERAL GOVERNMENT, VERIFYING, UNDER OATH, YOUR EMPLOYMENT AUTHORIZATION.		OSS IS A DRUG FREE WORK PLACE. IF A CONDITIONAL OFFER OF EMPLOYMENT IS MADE, YOU WILL BE REQUIRED TO TAKE A DRUG AND ALCOHOL SCREEN WITHIN 24 HOURS OF SUCH AN OFFER AND SATISFACTORILY PASS THE DRUG SCREEN.		
PERSONAL INFORMATION				
HAVE YOU, SINCE THE AGE OF 18, EVER BEEN CONVICTED OF A FELONY? IF YES, EXPLAIN – GIVE DATES <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED FROM A JOB? IF YES, EXPLAIN – GIVE DATES <input type="checkbox"/> YES <input type="checkbox"/> NO				
ARE YOU ON THE EMPLOYEE DISQUALIFICATION LIST MAINTAINED BY THE DEPARTMENT OF SOCIAL SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN				
HOW WERE YOU REFERRED TO US? _____ NEWSPAPER      EMPLOYEE      INTERNET      JOB FAIR      WALK-IN      OTHER				
EDUCATION INFORMATION				
NAMES	CITY/STATE OF SCHOOLS	ACADEMIC MAJOR	# OF YEARS ATTENDED	DIPLOMA?
LAST ELEMENTARY SCHOOL				
LAST HIGH SCHOOL				
JR COLLEGE, COLLEGE OR UNIVERSITY				
TECHNICAL OR VOCATIONAL SCHOOL				
OTHER DETAILS OF EXPERIENCE OR TRAINING, INCLUDING INFORMATION ON ADULT EDUCATION PROGRAMS WHICH HAVE A DIRECT BEARING ON THE JOB WHICH YOU ARE SEEKING?		SCHOOL	COURSE	DIPLOMA OR CERTIFICATE?
				DATE COMPLETED

**PERSONAL REFERENCES**

GIVE THE NAME(S) OF PERSONS WHO KNOW YOU WELL THAT WE MAY CONTACT

NAME	OCCUPATION	ORGANIZATION
	PHONE	ALT PHONE
NAME	OCCUPATION	ORGANIZATION
	PHONE	ALT PHONE
NAME	OCCUPATION	ORGANIZATION
	PHONE	ALT PHONE

**EXPERIENCE**

GIVE A COMPLETE RECORD OF ALL EMPLOYMENT AND REASONS FOR PERIOD UNEMPLOYED DURING PAST TEN YEARS. START WITH MOST RECENT EMPLOYMENT.

FROM		TO		EMPLOYER'S NAME, ADDRESS, PHONE NUMBER	LAST SALARY & POSITION(S) HELD	REASON FOR LEAVING
MO	YR	MO	YR			
				EMPLOYER	SALARY	
				ADDRESS	POSITION	
				CITY, STATE & ZIP	PH #	
				EMPLOYER	SALARY	
				ADDRESS	POSITION	
				CITY, STATE & ZIP	PH #	
				EMPLOYER	SALARY	
				ADDRESS	POSITION	
				CITY, STATE & ZIP	PH #	
				EMPLOYER	SALARY	
				ADDRESS	POSITION	
				CITY, STATE & ZIP	PH #	
				EMPLOYER	SALARY	
				ADDRESS	POSITION	
				CITY, STATE & ZIP	PH #	

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST OFFICE MACHINES YOU CAN USE. <input type="checkbox"/> N/A	TYPING SPEED <span style="float:right">WPM</span>
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**PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS**

TYPE	STATE ISSUED	DATE	NO.
TYPE	STATE ISSUED	DATE	NO.
TYPE	STATE ISSUED	DATE	NO.

AREA OF SPECIALIZATION OR MAJOR INTEREST:

**AFFIDAVIT**

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that my employer shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize employers, companies, schools or persons named above to give any information regarding my employment, together with any information they may have regarding me, whether or not it is in their records. I hereby release said employers, companies, schools or persons from all liability for any damage, both legal and otherwise, for issuing this information. If accepted for employment, I hereby agree to abide by the rules and policies of my employer.

I authorize any reference source to provide OSS with any and all information concerning my previous work and/or school records and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I further agree that OSS may furnish like information to those with whom I may hereafter seek employment and hereby agree to save OSS free and harmless from any and all liability therefore.

I understand that any employment is not for a stated period of time and may be terminated, with or without cause, at any time, at the option of either myself or my employer. In addition, OSS is a Drug Free Work Place and under the Drug Free Work Place Act of 1988, I agree to abide by such established policies as relates thereto. I also understand the ALL JOB OFFERS ARE CONDITIONAL ON PASSING A REQUIRED DRUG SCREEN WITHIN 24 HOURS OF AN OFFER.

Signed \_\_\_\_\_ Date \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER – A COPY OF THIS APPLICATION IS AVAILABLE TO YOU ON REQUEST.