

# Application

## Employment/Volunteer

Developmental Center of the Ozarks  
 1545 E. Pythian  
 Springfield, MO 65802  
 (417) 831-1545 FAX (417) 831-7539

This Agency is an Equal Opportunity Employer. No question of this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his/her race, color, creed, religion, sex, age, national origin, military status, ancestry, disability, or sexual orientation.

**PLEASE PRINT** **PERSONAL INFORMATION**

Last Name:	First Name:	Middle Name:	Other Names Used:
Address:		City:	State: Zip Code:
Previous Address if less than 12 months:		E-mail	
Day Time Telephone Number:	Social Security Number:	Date of Application:	

Date Available for Employment:	Hours/Days Available for Employment:
Please indicate preferred schedule: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
List all positions applied for:	
Are you able to lift? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been investigated for child/elder abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Have you ever been convicted of child/elder abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
How did you learn about this job?	

### EDUCATION

School Name & Location	High School					Colleges/Technical Schools				Graduate/Other			
	8	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed													
Diploma/Degree													
Major Course of Study													
Other Training in Past 5 Years:													

Other Skills: <input type="checkbox"/> Sign Language <input type="checkbox"/> Other Languages <input type="checkbox"/> Braille <input type="checkbox"/> Computer <input type="checkbox"/> Typing <input type="checkbox"/> Other:
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Current Professional Status	Area	State	Number	Expiration Date
List fields in which you are now registered, licensed or certified.				

## WORK HISTORY

Start with your present or last job, including volunteer experience. If you need additional space, please attach separate pages.  
**This section is NOT required for volunteer applicants.**

<b>Employer:</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
<b>Address:</b>				
<b>Telephone Number(s):</b>		<b>Hourly Rates/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Job Title:</b>	<b>Supervisor:</b>			
<b>Reason for Leaving:</b>				

<b>Employer:</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
<b>Address:</b>				
<b>Telephone Number(s):</b>		<b>Hourly Rates/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Job Title:</b>	<b>Supervisor:</b>			
<b>Reason for Leaving:</b>				

<b>Employer:</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
<b>Address:</b>				
<b>Telephone Number(s):</b>		<b>Hourly Rates/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Job Title:</b>	<b>Supervisor:</b>			
<b>Reason for Leaving:</b>				

## VOLUNTEER INFORMATION

**This section to be completed by Volunteer Applicants.**

<b>Why did you choose to volunteer at the Developmental Center?</b>		
<b>Have you ever worked with individuals who have developmental disabilities?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, please describe:</b>		

## REFERENCES

**This section to be completed by ALL applicants.**

**Give name, address and phone number of three references who are not related to you.**

<b>1.</b>	
<b>2.</b>	
<b>3.</b>	

As an applicant for employment or volunteer at the Developmental Center of the Ozarks, I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief. I grant the Agency permission to verify answers. I understand that any false statement in the application may be considered sufficient cause for rejection of the application, or for dismissal if such false statement is discovered subsequent to my employment. I hereby authorize the Developmental Center of the Ozarks to conduct an investigative consumer report on me, as defined in PL 91.508, and I understand that if any inquiry is made, more information as to its nature and scope will be supplied upon written request. If this application is considered favorably, I agree to abide by and comply with all of the Policies, Procedures, and Regulations of the Developmental Center of the Ozarks.

<b>Signature:</b>	<b>Date:</b>
<b>ADM 6 REV 8/83, 6/90, 10/93, 5/95, 1/03, 11/03, 3/05, 5/06</b>	