



Application

Personal Information		
<i>Name</i>		
Last	First	Middle
<i>Address</i>		
Street address		Apartment/unit number
City	State	Zip
<i>Contact Information</i>		
Phone		Email address
<i>Other</i>		
Date available		Wage expected
Referral source	Indeed <input type="checkbox"/> Facebook <input type="checkbox"/> Website <input type="checkbox"/> Other <input type="checkbox"/> Specify	
Staff referral <input type="checkbox"/> Specify		
<i>Clarifying Questions</i>		
Have you ever applied for employment with Nova?		
Have you ever been employed with Nova?		
Type of employment desired		
Desired department		
Are you able to meet the attendance requirements of this position?		
Are you legally eligible for employment in the United States?		
Have you ever been placed on an employment disqualification list?		
Educational Background		
<i>Secondary Education</i>		
High School		Address
Graduation date		GED obtained
<i>Higher Education</i>		
College		Address
Graduation date		Degree Type
Major		Minor

Employment History	
<i>Current / Most Recent Employer</i>	
Company	Phone
Start date	End date
Address	
Job title	Reason for leaving
May we contact for reference?	
Comments	
<i>Previous Employer</i>	
Company	Phone
Start date	End date
Address	
Job title	Reason for leaving
May we contact for reference?	
Comments	
<i>Previous Employer</i>	
Company	Phone
Start date	End date
Address	
Job title	Reason for leaving
May we contact for reference?	
Comments	
Professional References	
Please list 3 business, professional, or school references, not related to you, nor previous supervisors	
<i>Reference 1</i>	
Name	Phone
Comments	
<i>Reference 2</i>	
Name	Phone
Comments	
<i>Reference 3</i>	
Name	Phone
Comments	

Availability						
You must have and maintain weekend availability						
Hours Available						
Hours desired		Minimum			Maximum	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Unavailable (class schedule, other job, etc.)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Indicate all commitments which limit your availability.						
All certification trainings (CPR, MANDT, Medication Administration, etc.) occur Monday-Friday 9am-5pm. All staff must be able to attend these required trainings						
Are you available for training held during the day?						
Driving Requirements Statement						
Important Information						
<ol style="list-style-type: none"> 1) Essential to the function of this position is the ability to legally operate a motor vehicle <ol style="list-style-type: none"> a) As well as being able to assist in loading and unloading clients in and out of a motor vehicle, in everyday situations. 2) Some of the qualifications and requirements for this position are: <ol style="list-style-type: none"> a) Must have a valid driver's license with the proper class and endorsements <ol style="list-style-type: none"> i) Class E (chauffeur's license) or equivalent from other state b) Meet the qualifications as a driver in the state of Missouri or home state c) Have a legal and well-maintained motor vehicle 3) Proof of current auto insurance with verification of correct insurance company classification. 4) It is recommended a minimum of \$25/50/10 limit of liability be carried and to have the written permission from the insurance carrier acknowledging vehicle's use for work purposes. 5) It is a requirement for this position to meet these standards at the time of employment and to maintain these standards throughout the durations of employment. <ol style="list-style-type: none"> a) If these standards are not maintained qualification for this position will be revoked. 						
Acknowledgement						
I have read and understand the above qualifications and requirements which are a part of this job/position. I do not have any questions. I will provide the necessary documentation upon the request of the employer's representative. I understand that failure to provide the necessary documentation in a timely manner (as determined by the employer) will disqualify me for this job/position.						
Applicant Signature					Date	

Applicant Statement

- 1) I certify that all information I have provided to apply for and secure work with the employer is true, complete, and correct.
- 2) I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to
 - a) cancel further consideration of this application, or
 - b) immediately discharge me from the employer’s service, whenever it is discovered.
- 3) I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.
- 4) I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.
- 5) I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.
- 6) If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s president.
- 7) I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**The Nova Center of the Ozarks is a drug-free workplace.
Employment is contingent on successful completion of drug screening and Missouri Family Care Registry.**

Please allow at least 10-14 days to process your application once it has been received

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Applicant Signature	Date
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Pre-Employment Information Requirements

Explanation

- 1) The following list of requirements indicates requirements for qualification for this position.
- 2) Please indicate you can provide proof of these requirements at the time of employment by initialing next to the requirement.
- 3) If you are unable to provide proof of the requirements at the time of employment, please speak with a representative of Nova Center of the Ozarks to determine how to proceed
- 4) Any information found to be false, misleading, or inaccurate will exclude any candidate from further consideration.
 - a) If a candidate has already accepted employment, termination occur.

I can verify I am at least 18 years of age or older.

I can provide a copy of my High School Diploma/GED, High School Equivalency, or a College Transcript.

I have access to personal legal and reliable transportation.

I can provide proof of auto insurance covering myself as a driver for the vehicle I will use for work.

I can produce my official Social Security Card and/or Permanent Resident Card.

I can produce a valid driver's license with a Class E endorsement.

I have and will maintain current, unexpired vehicle tags

I have and will maintain weekend availability.

It is Nova Center of the Ozarks' policy to ask the insurance carrier to complete a Motor Vehicle Records (MVR) check on every perspective employee. Annually an MVR will be required to maintain employment.

I have not had a DUI (Driving Under the Influence) or Blood Alcohol conviction in the last 12 months.

I have not had a driver's license suspended for any reason in the last 12 months.

I have not had more than two (2) moving violations in the last 12 months.

I have not had more than two (2) "at fault" accidents in the last 36 months.

Applicant Signature

Date

Motor Vehicle Record Disclosure and Release

Statement

In connection with my ongoing employment or my application for employment, should I have or secures a position with Nova Center of the Ozarks, I understand that a Motor Vehicle Record (MVR), which contains public record information, may be requested. I further understand such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies which maintain such records, as well as independent services which provide driving record information.

Addendum

I authorize, without reservation, any party or agency contacted to furnish the aforementioned information to Naugh-Naugh Agency or its Agent.

Agreement

I hereby authorize procurement of my MVR. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during employment. Nova Center of the Ozarks' commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.

Driver's license number

State of issuance

Full legal name (First, Middle, Last)

Applicant Signature

Date

Nova Center of the Ozarks, Inc.

Employment Reference Check

Applicant Information

First name	Last name
Middle initial	Social Security Number

Company Name _____

Statement

I authorize a representative of the company to provide any information and comments regarding my performance and character.

Applicant Signature	Date
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Employer Verification Information

To whom it may concern,
 The aforementioned has recently submitted an application for employment with our organization. Their signature above authorizes the following information may be provided to Nova Center of the Ozarks, Inc
 Thank you for your cooperation,

Final position held _____

Employed from _____	Employed to _____
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Additional positions held by applicant _____

Responsibilities and duties _____

Employer Evaluation of Applicant

Please rate the applicant in the following areas.

	Great	Good	Satisfactory	Fair	Poor
Attendance					
Punctuality					
Initiative					
Cooperation					
Job Performance					

Eligible for rehire _____	Reason given for leaving employment _____
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Additional comments _____

Signature _____	Title _____	Date _____
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