



# Missouri Ozarks Community Action

P.O. Box 69, 306 S Pine Richland, MO 65556

PHONE (573) 765-3263 FAX (573) 765-4426

Web Address: [www.mocaaonline.org](http://www.mocaaonline.org)

## Application must be completed in full even if a resume is attached

Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

(Effective 01/09/2018)

Applications will only be accepted via email. Please send completed application to [employment@mocaaa.org](mailto:employment@mocaaa.org). All other forms of delivery (i.e. mail, fax, or hand delivery) will not be accepted.

Position(s) applying for: \_\_\_\_\_ Location \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Have you ever used another name(s) or social security number?  Yes  No If **yes**, please list:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: home: \_\_\_\_\_ cell: \_\_\_\_\_ message #: \_\_\_\_\_

E-mail address (if applicable) where we can contact you: \_\_\_\_\_

Have you lived outside of Missouri in the past 5 years?  Yes  No If **yes**, list state(s) \_\_\_\_\_

Are you less than 18 years old  Yes  No

Are you at least 25 years old if applying for a position that requires a CDL?  Yes  No

Type of employment desired:  Regular  Temporary  Full Time  Part Time

Acceptable Salary or Wage: \_\_\_\_\_ Date Available: \_\_\_\_\_

Can you provide written evidence that you are authorized to work in the U.S.?  Yes  No  
(Proof of identity and legal authorization to work will be required if hired)

Driver's License Number and the State that issued it: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? \_\_\_\_\_

Do you have access to a vehicle on a daily basis? \_\_\_\_\_ Do you carry liability?  Yes  No

Auto Insurance Company: \_\_\_\_\_ Can you travel if the position requires? \_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

Have you ever been convicted, pled guilty or no contest to a misdemeanor or felony crime?

Yes  No If **yes**, please describe the dates, nature, and circumstances of the crime:

(A "yes" response will not automatically disqualify an applicant from employment consideration.)

(Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.)

Do you have any pending charges related to child abuse or neglect?  Yes  No

MOCA consists of several Units: Community Services, Energy Conservation, Early Childhood Education (Head Start), Employment & Training, Women's Health Services, In-Home Services, Housing, as well as Administration.

Have you ever been employed by any Unit of MOCA? Yes  No  If **yes**, what position(s) and date(s) of employment: \_\_\_\_\_

Is any relative presently employed by MOCA, a member of the Board of Directors or the Head Start Policy Council?  Yes  No If **yes**, list name of relative and relationship: \_\_\_\_\_

Are you currently a member of the Board or Head Start Policy Council?  Yes  No

Are you a current or former Head Start parent?  Yes  No

### EDUCATION

Do you have a high school diploma or GED?  Yes  No

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	MAJOR SUBJECT	NUMBER OF YEARS ATTENDED	GRADUATED	TYPE OF DEGREE	TOTAL HOURS/ CREDITS
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE or UNIVERSITY				<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE or UNIVERSITY				<input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO		
BUSINESS/TRADE/OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO		

If you hold a professional license or certification (i.e. RN, LPN, CNA, CDA, CCAP, etc.):

Type of License or Certification: \_\_\_\_\_

License or Certificate Number: \_\_\_\_\_

Date and State it was obtained: \_\_\_\_\_ Expiration or renewal date: \_\_\_\_\_

If you are applying for an RN or LPN position please list the amount of liability coverage you have and the insurer: \_\_\_\_\_

Identify any specialized training or skills you have: \_\_\_\_\_

List any volunteer or community work: \_\_\_\_\_

**List your last 5 employers starting with the most recent  
(Complete in full even if a resume is attached)**

Dates	Name & Address of Employer	Phone Number	Position and Duties	Pay Rate	Reason For Leaving
From	(Current or last employer)				
To		May we contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From					
To		May we contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From					
To		May we contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From					
To		May we contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From					
To		May we contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Explain any periods of unemployment: \_\_\_\_\_

Have you ever been terminated from employment or asked to resign by an employer?

Yes  No If **yes**, please provide company names and details:

\_\_\_\_\_

**List 3 personal references other than relatives and the employers listed above.**

Name	Phone Number	Address and Email

**List 1 personal reference that is a relative.**

--	--	--

Missouri Ozarks Community Action (MOCA) will make all necessary and appropriate investigations to verify the information contained herein, including a check of salaries, references, or employers. **MOCA will also check with various agencies for background information.**

MOCA offers no employment contracts nor does it guarantee any minimum length of employment. The agency reserves the right to terminate any employee at any time "at will," with or without cause as long as there is no violation of applicable federal or state law. A supervisor or manager of the agency has no authority whatsoever to make any contrary representation to any employee or job candidate.

Missouri Ozarks Community Action does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, sexual orientation, age, disability, reprisal, genetic information, or any other characteristic protected by law in recruitment, selection, employment, placement, promotion, training, assignment, separation, or any other personnel action.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization upon employment. Failure to submit such proof shall result in immediate suspension and possible termination of employment.

I represent and warrant that I have read and fully understand the foregoing and hereby certify that this application is an honest and complete statement. I am aware that should investigation at any time disclose any misrepresentation, falsification or omission, this may be grounds for rejecting my application, dismissing me from employment, and/or may disqualify me from applying in the future for any positions with MOCA. By signing this application or entering my initials electronically, I hereby give permission to MOCA to complete any necessary background checks and to contact any or all of my references, and/or past employers, and I hereby authorize any of them to respond fully and truthfully to all of their questions. I release from all liability anyone supplying such information and I also release MOCA from all liability that might result from making an investigation.

By placing my full name on this electronic application I confirm that the information given is true, complete and accurate.

**Applicant Name (Typed):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_ **Date:** \_\_\_\_\_

**Missouri Ozarks Community Action is a private, not-for-profit community based organization dedicated to bettering the economic, physical, mental, and social well-being of all people, especially the disadvantaged, by effectively coordinating and administering available resources and information.**