

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				[] YES [] NO		
COLLEGE or UNIVERSITY				[] YES [] NO		
COLLEGE or UNIVERSITY				[] YES [] NO		
GRADUATE SCHOOL				[] YES [] NO		
BUSINESS/TRADE/OTHER				[] YES [] 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

List 1 personal reference that is a relative.

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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.