

Ozarks Technical Community College

Human Resources Department
1001 E. Chestnut Expressway, Springfield MO 65802

APPLICATION FOR EMPLOYMENT

Ozarks Technical Community College prohibits discrimination and harassment and provides equal opportunities in its admissions, educational programs, activities, and employment regardless of race, color, religion, gender, national origin, age, marital status, sexual orientation, political affiliation, veteran status, and disabilities that include HIV and AIDS, and medical conditions. Bona fide occupational qualifications will be allowed in those instances where age, gender, or physical requirements apply to the appropriate and efficient administration of the position.

INSTRUCTIONS: You must respond to every question on this application. DO NOT refer to another document such as a resume. However, you may enclose with the application any documentation you wish to support your candidacy.

You must fill out a separate application for each position for which you are applying.

Position for which you are applying: _____

Name _____ Social Security Number _____ / _____ / _____
Last First Middle

Address _____
Street City State Zip Code

Home Telephone () _____ Work () _____ Message () _____

Cell () _____ E-Mail Address _____

Are you a citizen of the United States? Yes No If NO, are you legally permitted to be employed in the United States? Yes No
(Proof of citizenship or immigration status will be required)

Do you desire full-time part-time employment? Hourly rate of pay or monthly salary desired _____

If hired, on what date could you begin work? _____

Briefly state why you would like to work at OTC: _____

Are you active member inactive member retiree of the Missouri teachers' retirement (PSRS) or non-teachers' retirement (NTRS) system? Yes No

If yes, indicate which system: PSRS NTRS

Do you have relatives working for OTC? _____ If yes, state name:

Have you ever been convicted of a felony? Yes No

If you answered yes, please explain (include offense, conviction date and jurisdiction of conviction): _____

(NOTE: no applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.)

Are you currently on probation and/or parole? Yes No

Are there any conditions of your probation/parole that would prohibit your employment at OTC? If you answered yes, please explain: _____

EDUCATION AND TRAINING

Education Level	School/Location	Hrs. Earned	Major/Minor	Did you Graduate?	Diploma/Degree Earned <small>Include dates of attendance and/or graduation.</small>
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
GED				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Associate's Degree				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bachelor's Degree				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Master's Degree				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Doctorate				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you speak, write, or understand any foreign languages? _____ If yes, please list them _____

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for employment at OTC? If so, please list below:

Professional licenses or certifications held? _____

COMPUTER SOFTWARE	DATES USED	LEVEL OF PROFICIENCY
(example: Microsoft Word, Excel, Access, Corel)	(example: since 1998, current)	(example: expert, advanced, beginner)

EMPLOYMENT HISTORY

List previous employers, starting with your present or most recent position:

1.

Name of Employer:	Location (city & state)
Name of Supervisor	Supervisor's Phone Number
Dates of Employment: Starting	Ending
Rate of Pay: Starting	Ending
Duties	Job Title
Reason for leaving:	

2.

Name of Employer:	Location (city & state)
Name of Supervisor	Supervisor's Phone Number
Dates of Employment: Starting	Ending
Rate of Pay: Starting	Ending
Duties	Job Title
Reason for leaving:	

3.

Name of Employer:	Location (city & state)
Name of Supervisor	Supervisor's Phone Number
Dates of Employment: Starting	Ending
Rate of Pay: Starting	Ending
Duties	Job Title
Reason for leaving:	

4.

Name of Employer:	Location (city & state)
Name of Supervisor	Supervisor's Phone Number
Dates of Employment: Starting	Ending
Rate of Pay: Starting	Ending
Duties	Job Title
Reason for leaving:	

5.

Name of Employer:	Location (city & state)
Name of Supervisor	Supervisor's Phone Number
Dates of Employment: Starting	Ending
Rate of Pay: Starting	Ending
Duties	Job Title
Reason for leaving:	

IF YOU HAVE OTHER WORK EXPERIENCE RELEVANT TO THE POSITION YOU ARE SEEKING, PLEASE LIST IT ON A SEPARATE SHEET.

Please write a statement concerning your personal philosophy of education, your philosophy of the community college, and your philosophy of your role in the community college.

List three references:

1.	_____	_____
	Name	Title
	_____	_____
	Address	Telephone Number
2.	_____	_____
	Name	Title
	_____	_____
	Address	Telephone Number
3.	_____	_____
	Name	Title
	_____	_____
	Address	Telephone Number

Do you object to your present employer being contacted? Yes No

AUTHORIZATION FOR RELEASE OF INFORMATION: Failure to sign this application will cease the processing and consideration for employment.

I hereby certify that all statements made on this application and attachments thereto are true and correct to the best of my knowledge and, if employed, I understand that any false information in this application and attachment(s) may result in dismissal or rescinding of job offer. I authorize Ozarks Technical Community College to investigate all statements made by me on this application and/or attachments, including, but not limited to, confirmation of military service, education, previous employment, and references. I expressly authorize (and request of) any and all persons or firms named herein and contacted by Ozarks Technical Community College to disclose fully all information available to such persons which may bear upon consideration by Ozarks Technical Community College of this employment application. A copy of this signed consent may be relied upon by any person so contacted by Ozarks Technical Community College. I hereby consent to any lawful medical, drug and/or alcohol testing which may be requested or required by Ozarks Technical Community College. If accommodation for a disability will be necessary in order for me to complete the application process for the position for which I am applying, I will make such accommodation request in advance to the Director of Human Resources. If I am employed, I agree to comply with all policies, regulations, and rules of Ozarks Technical Community College and applicable local, state, and federal law as currently existing or as may be modified in the future as they apply to my employment, and I specifically consent to the release of employment data including information in this application or contained in my personnel file for purposes of my participation in any employee benefit plans administered by or through Ozarks Technical Community College.

Applicant's Signature

Date

Return to: OTC Human Resources, 1001 E. Chestnut Expressway, Springfield, MO 65802

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it.
- **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051