



Ozark Mountain Media Group LLC
Application for Employment
 225 Violyn Drive
 Branson, MO 65616

EQUAL
OPPORTUNITY
EMPLLOYER

Personal Information

Last Name:		First Name:		Date: ____/____/____	
Middle Name:		Maiden Name:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:				Home No.:	
City:		State:	Zip:	Mobile No.:	
Have you applied with us before: <input type="checkbox"/> Yes <input type="checkbox"/> No				S.S.N. - -	
Position Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary				Date of Birth: ____/____/____	
Are you legally eligible for work in the US?				Pay Expected:	
How did you learn about Ozark Mountain Media Group LLC?				When can you start?	
Do you use Tobacco Products?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use any illegal Substances:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email Address:					

Education

School:	Name & Location:	Course of Study	# of Years Completed	Did You Graduate?	Degree or Diploma?
College:					
High School:					
Other:					

General Information

(Subjects or Special Study/Research work or Special Training Skills)

Military

(Complete this section if you served in the US Armed Forces)

Branch of Service:	Period of Active Duty: (Month/Year) From: _____ To: _____
Describe duties and special training:	Rank at Discharge:
	Date of Final Discharge: _____/_____/_____

Employment

(Please give accurate, complete full and Part-time employment record. Start with the most recent employer)

1.

Company Name:	Telephone: (____) -
Address:	Period of Active Duty: (Month/Year) From: _____ To: _____
Name of Supervisor:	Weekly Pay: Start: _____ Last: _____
State job title and Describe Work:	Reason for Leaving?

2.

Company Name:	Telephone: (____) -
Address:	Period of Active Duty: (Month/Year) From: _____ To: _____
Name of Supervisor:	Weekly Pay: Start: _____ Last: _____
State job title and Describe Work:	Reason for Leaving?

3.

Company Name:	Telephone: (____) -
Address:	Period of Active Duty: (Month/Year) From: _____ To: _____
Name of Supervisor:	Weekly Pay: Start: _____ Last: _____
State job title and Describe Work:	Reason for Leaving?

We may contact the employers listed above unless you indicate otherwise.

Employer:	Reason:
Employer:	Reason:

References

1.

Name:	Telephone: (____) -
Address:	Years Acquainted:
Occupation or Title:	

2.

Name:	Telephone: (____) -
Address:	Years Acquainted:
Occupation or Title:	

3.

Name:	Telephone: (____) -
Address:	Years Acquainted:
Occupation or Title:	

Other

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently bound by a non-compete agreement with another employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which Employer(s)?

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified periods of time, or to make agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) or other relevant federal and state laws."

Signature _____ Date _____

————— DO NOT WRITE BELOW THIS LINE —————

Interviewed by _____ Date _____

Remarks

Neatness:	Character:
Personality:	Ability:

Approved:

1. _____ 2. _____ 3. _____
Employment Manager Department Head General Manager



Public and Private Record Release
Motor Vehicle & Criminal Background Information

State and Federal privacy laws protect and prescribe restrictions regarding access to certain confidential and personal information. This form authorizes the release of motor vehicle and criminal background information to the Organization named below for employment or insurance eligibility purposes.

By signing below: I authorize Organization to investigate and review driving, motor vehicle, criminal histories and related information periodically the duration of my employment or insurance relationship with the Organization; I understand that my employment or insurance eligibility is contingent upon the Organization review of such information; and I confirm that I have read and understand the attached Disclosure Statement.

Organization (Employer or Insurer): Ozark Mountain Media Group, LLC

Social Security Number (for Criminal Records only): _____ - _____ - _____

Driver License Number _____ State _____

Birth Date (MM/DD/YR): _____ - _____ - _____ Circle Gender: M or F

Printed Name (as it appears on driver license)

Signature

Date

DISCLOSURE STATEMENT

(the Organization), when considering your application for employment, insurance or credit, when making a decision whether to offer you employment, insurance or credit, when deciding whether to continue your employment, insurance or credit, and when making other decisions directly affecting you, may wish to obtain and use a “consumer report” from a “consumer reporting agency”. These terms are defined in the FCRA (15 U.S.C. SS 1861 et seq.), which applies to you. You are a “consumer” with rights under the FCRA. A “consumer” is an individual. A “consumer reporting agency” is any person or business which for monetary fees, dues, or on cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to others, and which uses any means or facility of interstate commerce for the purpose of preparing or furnishing “consumer reports”. A “consumer report” is any written, oral, or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected, in whole or in part, for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes or other purposes authorized under the FCRA. If the Organization obtains a “consumer report” about you, and if, based on any information in the consumer report, the Organization makes a decision for employment, insurance or credit purposes that directly and adversely affects you, you may be provided with a copy of the “consumer report”. You may also contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies”. The Organization has contracted with SAMBA Holdings, Inc. to provide records. SAMBA furnishes information as available from state and national agencies. SAMBA does not issue an opinion on the information provided, or participate in any action or decision based on the information provided. SAMBA may be contacted in writing concerning a consumer report about you:

In writing: SAMBA Holdings, Inc. 1730 Montano NW Suite F Albuquerque, NM 87107