



“Becoming an OMC Helping Hand” Application Information

WELCOME!

Thank you for considering to join OMC's team of helping hands! The Outpatient Medical Center (OMC) is a Federally Qualified Health Center (FQHC) that offers healthcare services at an affordable rate following federal guidelines.

We have healthcare providers who care for patients of all ages with a variety of health conditions at several locations - Natchitoches, Leesville, and Tallulah. In Natchitoches, we also operate a school based clinic that serves both staff and students.

We want the community to know that OMC is here. We provide valuable services to anyone, especially the underserved. It has been said that a measure of greatness of a community is how well it takes care of the most vulnerable.

We are looking for people who are dedicated to excellence, exhibit good work ethic, and are committed to rebuilding an organization needed by the people we serve.

Best Wishes,

Dr. Mark Guidry, CEO/CMO

OMC welcomes your application of employment for open positions. Application may be submitted by email to HR@outpatientmedical.org. Applications are only kept by OMC as long as the position you applied for is vacant. Once the position has been filled, all applications are discarded. If you have questions, please contact HR by email at HR@outpatientmedical.org.

Name of Applicant: _____

Date: _____

List all the positions for which you are applying & location.	
Position Title	Location

Mission: *Provide access to high quality primary care to all patients in our service areas.*



Outpatient Medical Center, Inc. Application
1640 Breazeale Springs Street
Natchitoches, LA 71457

Outpatient Medical Center, Inc. is an *Equal Opportunity Employer* and does not discriminate on the basis of race, color, age, sex, religion, disability, LGBTQ, genetic information or national origin. All applicants must pass Criminal Background check and drug screening. Those applicants requiring reasonable accommodations to the application process should notify a representative of the Human Resources Department.

Personal					
Full Name:			Date of Application:		
Street Address:		City:	State:	Zip:	
Cell/Home:		E-mail Address:			
Date available to work:		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, work number and best time to call:					
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, give dates and position(s):					
Do you have any relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please state name and department:					
Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		#:	State:	Class:	Expiration date:
Will you travel if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other language(s) fluently Spoken:		Read:		Write:	
Are you legally eligible for employment in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you currently under indictment for or have you ever plead guilty, no contest or been convicted of a felony or misdemeanor by a civilian or military court, or participated in deferred adjudication (excluding traffic tickets)?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please provide date and details of all events: _____					

Answering yes does not constitute an automatic bar to employment, factors such as date of offense, seriousness/nature of the violation, rehabilitation, and position applied for will be taken into account. <i>However, failure to list all events will terminate the application process.</i>					
Educational Background					
Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			Name of school:		
Type of School	Name and Location of School	Course of Study	# of Years Completed	Did you Graduate?	Degree of Diploma Received
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Licensure / Certification					
If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:					
License/Certification	Date Issued	Date Expires	Issuing Authority	License Number	

Special Qualifications and Skills

Summarize any special training or skills that may qualify you as being able to perform job-related functions in the position for which you are applying. List any other additional information you would like us to consider.

Employment History

Provide the following information of your past and current employers, starting with the most recent (use additional sheets if necessary). This section must be completed.

Employer:	Telephone:	Dates of Employment	
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Complete Address:	From	To
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Job Title:		
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Immediate Supervisor and Title:	May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
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Specific Reason for Leaving:

Description of Job Duties:

Employer:	Telephone:	Dates of Employment	
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Complete Address:	From	To
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Job Title:		
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Immediate Supervisor and Title:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
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Specific Reasons for Leaving:

Description of Job Duties:

Employer:	Telephone:	Dates of Employment	
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Complete Address:	From	To
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Job Title:		
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Immediate Supervisor and Title:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
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Specific Reason for Leaving:

References

List names and telephone number of three business/work references who are *not* related to you.

Name	Telephone Number	Years Known

Applicant Statement

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

Signature: _____

Date: _____