# "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.

Mr. Roderick C. Campbell, CEO

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: _____

How Did You Hear About OMC? ☐ Facebook ☐ Indeed ☐ Newspaper or Journal Ad ☐ Other _____

| 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? ☐ Yes ☐ No | | |

May we contact you at work? ☐ Yes ☐ No
If yes, work number and best time to call:

Have you ever been employed here before? ☐ Yes ☐ No
If yes, give dates and position(s):

Do you have any relatives working here? ☐ Yes ☐ No
If yes, please state name and department:

Type of employment desired: ☐ Full-time ☐ Part-time | Minimum Salary Requirement: $_____

Do you have a valid Driver's License? ☐ Yes ☐ No #: State: Class: Expiration date:

Will you travel if job requires it? ☐ Yes ☐ No

Other language(s) fluently Spoken: Read: Write:

Are you legally eligible for employment in this country? Yes ☐ No ☐

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)?
☐ Yes ☐ 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. *However, failure to list **all** events will terminate the application process.*

## Educational Background

Do you have a high school diploma or GED? ☐ Yes ☐ 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 | | | | ☐ Yes ☐ No | |
| Graduate | | | | ☐ Yes ☐ No | |
| | | | | ☐ Yes ☐ 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 |
|---|---|---|---|---|
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## 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: | Phone: | Dates of Employment | |
|---|---|---|---|
| Complete Address: | | From | To |
| Job Title: | | | |
| Immediate Supervisor and Title: | | May we contact for reference: ☐ Yes ☐ Later | |
| Specific Reason for Leaving: | | | |
| Description of Job Duties: | | | |

| Employer: | Phone: | Dates of Employment | |
|---|---|---|---|
| Complete Address: | | From | To |
| Job Title: | | | |
| Immediate Supervisor and Title: | | May we contact for reference? ☐ Yes ☐ Later | |
| Specific Reasons for Leaving: | | | |
| Description of Job Duties: | | | |

| Employer: | Phone: | Dates of Employment | |
|---|---|---|---|
| Complete Address: | | From | To |
| Job Title: | | | |
| Immediate Supervisor and Title: | | May we contact for reference? ☐ Yes ☐ Later | |
| 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:** _____