



\*\*\* Please Read Carefully \*\*\*

### Applicant's Certification and Agreement and Authority to Release Information

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, any omission or falsified statements on this application shall be considered sufficient cause for dismissal.

I hereby authorize Ozarks Medical Center to investigate all references and former employment and I release from liability those supplying such information. This release is executed with the understanding that any information is confidential and for the official use of Ozarks Medical Center in making a decision regarding my employment at Ozarks Medical Center.

I hereby direct you to release such information upon request of the bearer. I release you, as custodian of such records, from any liability for damages of whatever kind which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain any original writing of my signature.

Upon being offered employment at Ozarks Medical Center, I hereby authorize and consent to a medical examination, including drug testing, to determine my physical ability to perform duties which may be assigned to me on being hired. If employed by Ozarks Medical Center, I consent to drug testing which includes both • random and for cause testing.

I understand such offer of employment is conditional upon the results of the medical examination and drug testing, as well as information obtained from continued background investigation, i.e., driving record and criminal investigation reports. Such offer may be withdrawn, with or without prior notice, at the option of Ozarks Medical Center.

Full Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this medical center will be based only on your merit and no other consideration.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER A COPY OF THIS  
APPLICATION IS AVAILABLE TO YOU ON REQUEST**