



# Employment Application

Ouachita Ministries, Inc.

P.O. Box 35  
 Amity, AR 71921  
 Phone: 870-342-6210 Ext. 230  
 Fax: 870-342-9569  
 www.ouachitahills.org  
 www.ohc.org  
 www.ouachitahillsacademy.org

## PERSONAL INFORMATION:

Last Name:		First Name:		Middle Name:
Street Address:		City, State:		Zip:
E-Mail Address:		Telephone:		Cell Telephone:
Date Of Birth:	Citizenship:	Naturalized:	Are you legally eligible for employment in the U.S.A?: <small>(If yes, verification will be required)</small>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime?				
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain number of convictions(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.		
Position(s) you are applying for:	1)	2)	3)	

## EDUCATION AND TRAINING:

	NAME OF SCHOOL			

Employer:		Address:	City/State
Supervisor:		Phone Number:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed:		Position or Title:	Reason For Leaving:
From:	To:		
List Duties Performed:			

Employer:		Address:	City/State
Supervisor:		Phone Number:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed:		Position or Title:	Reason For Leaving:
From:	To:		
List Duties Performed:			

Employer:		Address:	City/State
Supervisor:		Phone Number:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed:		Position or Title:	Reason For Leaving:
From:	To:		
List Duties Performed:			

Employer:		Address:	City/State
Supervisor:		Phone Number:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed:		Position or Title:	Reason For Leaving:
From:	To:		
List Duties Performed:			

Employer:		Address:	City/State
Supervisor:		Phone Number:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed:		Position or Title:	Reason For Leaving:
From:	To:		
List Duties Performed:			

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REFERENCES:

Are you well-acquainted with any staff member(s) at Ouachita Hills?	If so, please state which one(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	
List three references (people not related to you, but who know you well).	Contact information (telephone and/or e-mail)

FAMILY INFORMATION:

Marital Status:		How many children do you have?	Name	Sex	DOB	Grade
<input type="radio"/> Single <input type="radio"/> Widow(er) <input type="radio"/> Married <input type="radio"/> Divorced						
Do you expect to bring pets to Ouachita Hills?:		If so, have you read the regulations on pets in the handbook?				
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				

LIFESTYLE:

What is your philosophy on watching television?	
What are your hobbies?	

What are your favorite style of music? Please check all that apply.

<input type="checkbox"/> Country	<input type="checkbox"/> Classical Vocal	<input type="checkbox"/> Hard Rock	<input type="checkbox"/> Disco
<input type="checkbox"/> Folk	<input type="checkbox"/> Opera	<input type="checkbox"/> Sacred Instrumental	<input type="checkbox"/> Rap
<input type="checkbox"/> Easy Listening	<input type="checkbox"/> New Age	<input type="checkbox"/> Sacred Vocal	<input type="checkbox"/> Christian Rock
<input type="checkbox"/> Classical Instrumental	<input type="checkbox"/> Light Rock	<input type="checkbox"/> Jazz	Other: <input style="width: 100px;" type="text"/>

Have you ever used or been involved in any of the following? When?

Alcoholic beverages	<input type="checkbox"/> Yes <input type="checkbox"/> No	When: _____	Coffee or tea	<input type="checkbox"/> Yes <input type="checkbox"/> No	When: _____
Tabacco	<input type="checkbox"/> Yes <input type="checkbox"/> No	When: _____	Caffeinated drinks	<input type="checkbox"/> Yes <input type="checkbox"/> No	When: _____
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No	When: _____	Movies	<input type="checkbox"/> Yes <input type="checkbox"/> No	When: _____
Other drugs or narcotics	<input type="checkbox"/> Yes <input type="checkbox"/> No	When: _____	Dancing	<input type="checkbox"/> Yes <input type="checkbox"/> No	When: _____
Meat	<input type="checkbox"/> Yes <input type="checkbox"/> No	When: _____	Gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No	When: _____

## CHURCH AFFILIATION:

Church Affiliation :	Home Church:	Church Offices Held:
Pastor's Name	Pastor's Phone Number:	
What type of outreach activities have you been involved in?		

This section is an exploration of the gifts and talents which you might bring to a position at Ouachita Hills Ministries. The Bible emphasizes that each member of Christ's "body" on earth has been given spiritual gifts which are to be used in service to the church and the world. Whether or not a staff position becomes available to you, we hope that your consideration of the following questions will stimulate a clearer perception of the value God has placed upon you, and the type of ministry for which He has prepared you.

**We ask that you answer each of the following questions as candidly and personally as possible. This is opportunity for you to share yourself as person. Don't be concerned about formality in your writing style, or about including all the minute details. Rather, just sincerely share your personal responses to the questions in the way that is most natural to you. For writing space, attach additional paper to this application.**

1. When, and under what circumstances did you become a Christian?
2. What studies, experiences, or events have specifically led to your desire for involvement in a ministry such as Ouachita Hills?
3. Do you think that an understanding and practice of the principles of healthful living are important in a Christian life? If so, why?
4. To what extent do you understand, accept, and practice the principles of healthful living?
5. What role does the Bible take in your life? What do the Scriptures mean to you, and how do you use them?
6. How do you view the role of Ellen White and her ministry to the Seventh-day Adventist Church?
7. In your past service for Christ, which endeavors has He apparently been able to bless most freely and fully? Explain why you think this blessing has come.
8. What would you like to accomplish in the work for which you have applied for at Ouachita Hills Ministries? Discuss principles, goals, and methods you would pursue.
9. In what ways do you feel that Ouachita Hills would likely enrich your own personal growth as a Christian (and the growth of your family, if applicable) if you were a staff member?
10. What relationship, if any, do you feel an institution like Ouachita Hills might have with the closing events of the great controversy between Christ and Satan on this earth?

**COMMITMENT**

My signature below represents my sincere desire to be prayerfully considered for a staff ministry position at Ouachita Hills if the school's needs match my commitment, my abilities and my experience.

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



OUACHITA HILLS ACADEMY & COLLEGE

EMPLOYMENT VERIFICATION  
**AUTHORIZATION RELEASE FORM**

Date \_\_\_\_\_

I hereby authorize you to submit/ verify the following information to **Ouachita Hills Academy & College**.  
Your prompt attention to this matter will be greatly appreciated.

Print Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Name of Employer \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Employer Phone # \_\_\_\_\_ Employer Fax #: \_\_\_\_\_

VERIFICATION BELOW TO BE COMPLETED BY EMPLOYER ONLY

=====

EMPLOYER please complete/ verify the following:

Employment

From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Hours worked per week \_\_\_\_\_

Gross Wages \$ \_\_\_\_\_  Hourly  Weekly  Monthly

Any Commission or Bonus?  Yes  No

Eligible for rehire  Yes  No

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized by (EMPLOYER signature) \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER** please fax this information to 870-342-9569 or email a scanned copy to  
ouachitahillsacademy.org. If you have any questions please call 870-342-6210 ext. 230