

APPLICATION FOR EMPLOYMENT



**3303 S Meridian
Oklahoma City, OK 73119
(405) 682-3303
Fax (405) 682-3433**

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For:		Date of Application:	
How did you learn about us?			
<small>Please do not use nicknames. Use your legal or given name only.</small>			
Last Name:	First Name:	Middle Name:	Maiden Name:
Address:	City:	State:	Zip:
Home Phone #:	Alternate Phone #:	Social Security #:	

Can you provide required proof of eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, please indicate the date. _____

Have you ever been employed by us before? Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

What date are you available to begin work? _____

Are you available to work: Full Time Part Time Temporary

Have you ever been excluded, suspended, debarred or otherwise determined to be ineligible to participate in any federal health care program? Yes No

Have you ever been convicted of or given a deferred or suspended sentence for a criminal misdemeanor or felony?
(Conviction, deferred or suspended sentence will not necessarily disqualify an applicant from employment) Yes No

If yes, please explain _____

EDUCATION

Do not put "See Resume". If you require more space, please attach a separate sheet of paper.

Name and Address of School	Course of Study	Years Completed	Degree
High School:			
College:			
Graduate or Professional Training:			
Other (Please specify):			

SKILLS

Do not put "See Resume". If you require more space, please attach a separate sheet of paper.

SOFTWARE (Please indicate software in which you are proficient.)	Level of Proficiency
_____	_____
_____	_____
_____	_____
FOREIGN LANGUAGE (Please indicate any languages you speak, read and/or write.)	Level of Proficiency
_____	_____
_____	_____
_____	_____
SPECIALIZED SKILLS (Please indicate any other specialized skills.)	Level of Proficiency
_____	_____
_____	_____
_____	_____

EMPLOYMENT EXPERIENCE

Do not put "See Resume". Start with your present or most recent employer. Include any job-related military or voluntary assignments and activities. You may exclude organizations which indicate color, religion, gender, national origin, disabilities or other protected status.

Employer:	Job Title:	
	Job Duties:	
Address:		
Telephone #:	Supervisor:	Rate of Pay:
Reason for leaving:	Dates of Employment:	
	From: ___ / ___ / ___ To: ___ / ___ / ___	

Employer:	Job Title:	
	Job Duties:	
Address:		
Telephone #:	Supervisor:	Rate of Pay:
Reason for leaving:	Dates of Employment:	
	From: ___ / ___ / ___ To: ___ / ___ / ___	

Employer:	Job Title:	
	Job Duties:	
Address:		
Telephone #:	Supervisor:	Rate of Pay:
Reason for leaving:	Dates of Employment:	
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Employer:	Job Title:	
	Job Duties:	
Address:		
Telephone #:	Supervisor:	Rate of Pay:
Reason for leaving:	Dates of Employment:	
	From: ___ / ___ / ___ To: ___ / ___ / ___	

PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES

ACADEMIC AND PROFESSIONAL REFERENCES

Name	Address	Phone Number	Relationship

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with, or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that a background investigation will be conducted and may include reference checks from past employers, criminal background checks, worker's compensation, exclusions from participating in federal healthcare programs and, for applicable positions, driving record and financial history.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the employer.

I certify that answers given on this application are true and complete to the best of my knowledge.

Signature of Applicant

Date

TEST SCORES		
(For Office Use Only)		
Alpha/Num DE _____	Other _____	
Keyboard/Typing _____	Num DE _____	