



Serving Oklahoma and Northeast Texas

Employment Application

Our Agency is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Please print or type all information.

1. Title of Position Applying for		2. Location		3. Date of Application	
4. Name: Last		First	Middle Initial		
5. Current Address: Number		Street		Apt. No.	
7. City	8. State	9. Zip Code	10. Home Phone No. / Cell Phone No. () - () -		
11. List any name(s) used in the past:					
Background:					
12. How did you learn about this job? _____					
13. Language other than English in which you are fluent: _____					
14. Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No					
15. Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date _____					
16. Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date _____					
17. Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary					
18. Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No What percent? _____					
19. Do you have any relatives (by blood or marriage) working for the Agency? <input type="checkbox"/> Yes NO <input type="checkbox"/> If yes, List name(s), Relationship(s), and Location(s):					
20. Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch _____ Highest Rank: _____ Dates of Service: _____ Type of Discharge: _____					
21. Are you able to perform the tasks that appear on the attached job description with or without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
22. How would you perform the tasks, and with what accommodations? _____					
23. I understand that I may be required to have a physical examination and I hereby consent to this and any future physical examinations as required by the employer <input type="checkbox"/> Yes <input type="checkbox"/> No					
24. Have you ever been convicted of a misdemeanor (other than traffic violations) or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____					

25. Education Circle the highest grade completed GED 9 10 11 12 Associate's Bachelor's Master's Ph.D.					
High School Name:		Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>		City, State:	
College/Technical School Name:	Field of study	Degree or number of sem. hrs		City, State:	
College/Technical School Name:	Field of study	Degree or number of sem. hrs		City, State:	

License/Certificate (other than Driver's License): License No: Issued By:	Date issued:	Date Expires:
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26. General Skills/ Specialized Skills	Computer Skills - Software and years of experience:	0-1 yr	1-2 yrs	2+ yrs
Computer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software: MS Word		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software: PowerPoint		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software: MS Publisher		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software: Excel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software: Access		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typewriter WPM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAX		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculator		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PBX System		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Qualifications Summarize specialized training, job-related skills, qualifications, apprenticeship, and extra-curricular activities acquired from employment or other experience.

Employment History: This section **MUST BE COMPLETED** even if you are attaching a resume. Since every effort will be made to contact current and previous employers, *correct telephone numbers are important. Volunteer work or internships may also be included. Additional employment information may be attached.*

Current or Most Recent Employer Name: Full Time Part Time

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Address	City	State	Zip Code	Phone Number
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Date employed: _____ To _____ Job Title _____ Supervisor's Name _____

From _____

If currently employed, may we contact your supervisor? Yes No Salary: \$ _____ (Hourly)

Duties: _____

Reason for Leaving: _____

Second Most Recent Employer Name: Full Time Part Time

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Address	City	State	Zip Code	Phone Number
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Date employed: _____ To _____ Job Title _____ Supervisor's Name _____

From _____

If currently employed, may we contact your supervisor? Yes No Salary: \$ _____ (Hourly)

Duties: _____

Reason for Leaving:

Application for Employment
(Continued)

Third Most Recent Employer Name:

Full Time Part Time

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Address

City

State

Zip Code

Phone Number

Date employed:

To

From

Job Title

Supervisor's Name

If currently employed, may we contact your supervisor? Yes No Salary: \$ (Hourly)

Duties:

Reason for Leaving:

If you need additional space, please continue on a separate sheet of paper.

CERTIFICATION, AUTHORIZATION AND RELEASE

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I authorize the Agency to conduct a background check pertaining to my suitability for employment which may include a criminal history check, moving violation report and medical evaluation. 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 hereby release said companies, schools or persons from all liability for any damage of issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed, would be cause for termination. The employing agency shall not be liable in any respect for such action or termination. As an applicant for employment, I understand that, if hired, I must comply with the employee Drug and Alcohol Policy and the Immigration Reform and Control Act of 1986, which requires proof of employment eligibility. Additionally, I agree to submit to a pre-employment drug-screening test if requested or required and understand that my application will be rejected if I fail to do so. I hereby understand and acknowledge that any employment relationship is of an "at will" nature, which means that I may resign at any time and may be discharged at any time with or without cause or prior notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive specifically acknowledges such change in writing.

This application for employment shall be considered active for a period of time not to exceed 45 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 that time.

ACKNOWLEDGMENT

By my signature below, I acknowledge that the forgoing statements are true and correct;

I give consent to conduct all inquiries listed in this certification;

I release companies, schools, & persons from liability for providing requested information; and

I acknowledge that I am seeking at will employment

SIGNATURE _____ **DATE** _____

Additional page(s) attached? Yes No

AUTHORIZATION AND RELEASE FOR CRIMINAL HISTORY/SEX OFFENDER CHECK

This Authorization and Release is executed under penalty of perjury on the _____ day of _____, 20____, by _____, an applicant for employment ("Applicant") with Agency("Agency").

Applicant understands that Agency receipt of a clear state and/or national felony record search is a condition of employment with Agency. Because Applicant desires employment with Agency, Applicant authorizes Agency to request and obtain the results of a national and/or state felony record search of Applicant's name, fingerprints, social security number and any other lawful means of obtaining such results. Applicant hereby releases Applicant's felony record search results to Agency. Applicant also releases Agency of any and all liability relating to its request for, receipt and use of the search results.

Applicant acknowledges that Applicant has been furnished and understands all of the requirements of Agency Criminal Arrest History Policy and agrees to be bound by all of its terms and conditions.

Applicant also agrees to truthfully answer the following questions:

HAVE YOU EVER:

- a. Entered a plea of guilty or nolo Contendere to a state or federal Felony charge?
Yes _____ No _____

- b. Been convicted of a state or Federal felony offense?
Yes _____ No _____

- c. Been charged with a state or federal felony offense that was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere?
Yes _____ No _____

- d. Entered a plea of guilty or nolo contendere to, or been convicted of, a state of federal misdemeanor charge involving illegal chemical substances or illegal sexual activity.
Yes _____ No _____

Applicant understands that if Applicant is hired by Agency prior o receipt of the results of the felony record search, Applicant will be classified as a temporary employee until notified otherwise by Agency. Furthermore, Applicant understands that if the felony record search reveals a prior felony offense conviction or if Applicant provides a false response to one or more of the above questions, then Applicant will be denied employment. If Applicant is employed prior to receipt of the search results, then (1) Applicant is deemed to have resigned Applicant's temporary employment with Agency, effective upon acceptance by Agency, and (2) Agency may accept Applicant's resignation at any time after the date Agency was notified of either the unsatisfactory search results or the false response, whichever is later. Applicant understands and agrees that if hired by Agency, then Applicant is subject to a felony record search at any time during his/her employment with Agency and this Authorization and Release shall remain in full force and effect throughout Applicant's employment with Agency.

Applicant

Date

References

1.

Name

Phone Number

Address

Relationship

2.

Name

Phone Number

Address

Relationship

3.

Name

Phone Number

Address

Relationship

4.

Name

Phone Number

Address

Relationship

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

I agree that the Company may share the information contained in the report with a third party as required.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/> Date: / / (Month/Day/Year)
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Upon Hire the applicant understands that they will be charged a fee of: \$50.00 for an Oklahoma applicant or \$34.00 for a Texas Applicant, deducted from their first paycheck for the cost of the MVR, Criminal History and Substance Abuse Testing.

I agree to all terms and authorize the deduction from my first paycheck should an offer of employment be made to me.

Signature

Date

BACKGROUND CHECK INFORMATION:

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

First Name _____ MiddleName _____ Last Name _____

Date of Birth ____/____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Registry and Criminal History Record Check Consent and Release Form

This form is provided as a courtesy for the use of employers. Other versions of this form may also be used for the purposes of Title 63 O.S. § 1-1947(H), which requires that an *applicant shall provide the employer a government photo identification of the applicant and written consent for the employer to conduct a registry screening and the Bureau [Okla. State Bureau of Investigation (OSBI)] to conduct a state and national criminal history record check under this section. The employer shall maintain the written consent and information regarding the individual's identification in their files for audit purposes.*

For the purposes of documenting the individual's identification, it is recommended a copy of the identification be maintained with the applicant's written consent.

Employer must retain the signed applicant consent.

Instructions to Applicant: Prior to employment with an employer subject to the Long Term Care Security Act [63 O.S. 1-1945 *et. seq.*], an applicant must consent to a check of state and/or national licensure, certification, abuse, exclusion and offender registries, and fingerprinting for a state and national criminal history records check as required. Applicants with an active employment history in OK-SCREEN or previously fingerprinted for a license, certification or permit in Oklahoma where the authority having jurisdiction for the license, certification, or permit employs electronic criminal history monitoring, may not require fingerprinting. With your written consent below, the employer will submit your information through the OK-SCREEN portal for checks against state and national registries. If cleared, and the employer wishes to proceed, you will be notified via email or telephone the employer has authorized you to schedule an appointment for fingerprinting. You will be responsible for a Ten Dollar (\$10) administrative processing fee at the time the appointment is scheduled unless the employer elects to pay the fee. You will have ten (10) calendar days to submit your fingerprints through an authorized collection site or your application shall be deemed withdrawn and you will be required to start the application process over. [63 O.S. § 1-1947(I)(4)]

Declarations: By signing this form I consent to registry screening and submission of my fingerprints to the Oklahoma State Bureau of Investigation (OSBI) for forwarding to the Federal Bureau of Investigation for the purpose of conducting a state and national criminal history records check pursuant to 63 O.S. § 1-1947(H). I understand that the results will be shared with the Oklahoma National Background Check Program (ONBCP) operated by the Oklahoma State Department of Health (OSDH).

I understand that if my criminal history record check results reveal information that prevents the Department from making a final determination of employment eligibility, I will be given notice and will have sixty (60) days to make any necessary corrections or additions for the Department to review. If I am unable to make corrections or additions to the record within the sixty (60) days, the Department shall deny eligibility based on the disqualifying results and shall notify me of my right to appeal. The notice shall include the reasons I was found not eligible for employment and a statement that I have a right to appeal the decision. [63 O.S. § 1-1947(K)]

I understand that should I be selected for employment, and as a condition of continued employment, I agree to report to the employer immediately upon being arraigned, indicted, convicted, or pleading guilty or nolo contendere to one or more of the criminal offenses applicable to my license, certification, permit or employment class; or upon being the subject of a substantiated finding on a registry as described in this *Consent and Release* and Title 63, Section 1-1947. I further understand that reporting of an arraignment under this subsection may be cause for leave without pay, placement under direct supervision, restriction from direct patient access, termination, or denial of employment. [63 O.S. § 1-1947(Q)]

I understand the OSDH will store the records of an employer's enrolled employees, the results of the screening and criminal arrest records search, and an identifier issued by the OSBI for the purposes of receiving an automatic notification from the OSBI if a subsequent criminal arrest record submitted into the system matches a set of fingerprints previously submitted. Upon notification, the OSBI will immediately notify the Department and the Department will immediately notify the employee. Information in the database established under this subsection is confidential, is not subject to disclosure under the Oklahoma Open Records Act, and shall not be disclosed to any person except for purposes of this act or for law enforcement purposes. The employee shall promptly respond to Department inquiries regarding the status of an arraignment or indictment. Reporting of an arraignment or indictment under this subsection may be cause for leave without pay, placement under direct supervision, restriction from direct patient access, termination, or denial of employment. [63 O.S. § 1-1947(S)]

Pursuant to 63 O.S. § 1-1947(I)(1), the employer shall submit the applicant's name, any aliases, address, former states in which the applicant resided, social security number, and date of birth. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application. PLEASE PRINT CLEARLY:

This form requests this information for the purposes of a state and national criminal history records search.

These names must appear as recorded on your birth certificate or other official record.

First Name: _____ Middle Name: _____

Maiden Name (If Applicable): _____ Last Name: _____

What Other Aliases/Names Have You Used? _____

Date of Birth: _____ Place of Birth: _____ Race/Ethnicity: _____

Gender: Male Female Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Telephone Number: _____ Social Security Number: _____

Present Address: _____

Present City/State/Zip: _____

In What Other States Have You Lived After 18 Years Of Age? _____

E-Mail Address: _____

My signature acknowledges that I have read, understand and accept the terms and conditions outlined in this form. I consent to registry screening and submission of my fingerprints to the OSBI for forwarding to the FBI for conducting a state and national criminal history records check.

Applicant's Signature Date