

APPLICATION FOR EMPLOYMENT



We are an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, gender, national origin, age, ancestry, marital status, parental status, military discharge status, source of income, sexual orientation, citizenship, disability, or any other legally protected status.

(PLEASE PRINT OR TYPE)

PERSONAL INFORMATION:

Date:

Last Name:		First Name:		Middle Initial:	
Present Address:			City:	State	Zip
Permanent Address if different from above:			City:	State:	Zip:
Home Phone number:	Mobile Number:	Alt Number:		Social Security Number:	
Have you ever used another last name in which your education or employment records are filed? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If so please explain:					

EMPLOYMENT DESIRED:

Position(s) Desired:	Date Available:	Desired Salary:
If hired, will you be able to work during the normal days and hours required for the positions for which you are applying?		Yes <input type="checkbox"/> No <input type="checkbox"/> If not, please explain.
Are you currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, may we contact your present employer	Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION

	Name and Location of school	Diploma / Degree	Describe Course of Study	Years completed
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>		9 10 11 12
Undergraduate College/University		Yes <input type="checkbox"/> No <input type="checkbox"/>		1 2 3 4
Graduate or Professional School		Yes <input type="checkbox"/> No <input type="checkbox"/>		1 2 3 4
Vocational		Yes <input type="checkbox"/> No <input type="checkbox"/>		1 2 3 4

Please describe any specialized training, apprenticeship, licenses, certifications, and skills including the date(s).

Please indicate any activities (including relevant volunteer experiences) which you would like us to consider in the evaluation of your application for the position.

Please add any additional statements you would like us to know in consideration of your application for employment.

Employment History: List current/last employers first, include U.S. military service.

Employer Name		Address		City	State	Zip Code
Telephone No ()		Your Title		Department		
Beginning Date	Ending Date	Final Salary	Supervisor's Name & Title			
If you are still employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Summary of duties:						
Reason for leaving:						
Employer Name		Address		City	State	Zip Code
Telephone No. ()		Your Title		Department		
Beginning Date	Ending Date	Final Salary	Supervisor's Name & Title			
Summary of duties:						
Reason for leaving:						
Employer Name		Address		City	State	Zip Code
Telephone No. ()		Your Title		Department		
Beginning Date	Ending Date	Final Salary	Supervisor's Name & Title			
Summary of duties:						
Reason for leaving:						

CRIMINAL HISTORY RELEASE OF INFORMATION PERMISSION FORM

I authorize and give my permission for the release of any information from any local, state or federal agency to Easter Seals Oklahoma to assist in the process of a criminal background check.

Employment by the organization is based upon information obtained from applications, interviews, criminal background checks and other sources of information. If information develops in addition to that known at the time of employment, Easter Seals Oklahoma will exercise it's at will rights, based upon law, regulations and performance standards. Such actions could include termination of employment.

Signature

Name: _____
Last **First** **Middle**

Alias Names: _____

Race: _____ **Sex: Male** **Female**

Date of Birth: _____

Social Security Number: _____

APPLICANT’S STATEMENT

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

Employment by the organization is based upon information obtained from applications, interviews, and criminal background checks and other sources of information. If information develops in addition to that known at the time of employment, Easter Seals Oklahoma will exercise it’s at will rights, based upon law, regulations and performance standards. Such actions could include termination of employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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.

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 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 executive of this organization.

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 rules and regulations of the employer.

Signature of Applicant

Date

Interviewer Name and Position

Date of Interview