



Employment Application

Western Oklahoma Family Care Center, Inc. does not and will not discriminate on the basis of race, sex, age, handicap, religion, national origin or any other basis prohibited by applicable law.

PLEASE PRINT. You may attach a resume, but **you must still complete the ENTIRE application** (do not write "see resume") or your application may be deemed incomplete and may not be considered.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Phone: _____ Email: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Date of Birth: _____ Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Additional Skills

Please list any additional applicable technical, trade or clerical skills, etc. relevant to this position Include relevant computer systems, software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert):

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that the information provided on this application and any supporting documentation provided is true and complete to the best of my knowledge. I understand and agree that failure to fully complete this application or the inclusion, misrepresentation and/or omission of facts will be grounds for elimination from consideration for employment, or termination of employment if discovered at a later date.

I authorize Western Oklahoma Family Care Center, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, credit and criminal background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Western Oklahoma Family Care Center, Inc. serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than prohibited by law. If employed, I will be required to provide proof of eligibility to work in the United States. I understand that the first six months of regular employment represent a probational period, during which I would not be eligible to apply for transfer or promotion and I may be terminated without right of appeal.

Signature: _____ Date: _____