



# OKLAHOMA PARENTS CENTER, INC.

## Statewide Parent Training and Information

**1-877-553-4332**

The Oklahoma Parents Center, Inc. is funded in part by the U.S. Department of Education, Office of Special Education Programs (OSEP) and the Oklahoma State Department of Education (OSDE). However, the contents do not necessarily represent the policies of the funding agencies and endorsement should not be assumed.

**PLEASE PRINT ALL INFORMATION REQUESTED**

### APPLICATION FOR EMPLOYMENT

*APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS*

**PLEASE COMPLETE PAGES 1-4.**

DATE: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Address City, State, Zip

How Long at this address? \_\_\_\_\_ SSN: \_\_\_\_\_

Telephone \_\_\_\_\_ DOB: \_\_\_\_\_

If under 18, please list your age: \_\_\_\_\_

Position applied for: \_\_\_\_\_  
 and Salary desired: \_\_\_\_\_  
*(Be Specific)*

Days/hours Available to Work:  
 No Preference \_\_\_\_\_  
 Monday \_\_\_\_\_  
 Tuesday \_\_\_\_\_  
 Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_  
 Friday \_\_\_\_\_  
 Saturday \_\_\_\_\_  
 Sunday \_\_\_\_\_

How many hours can you work weekly: \_\_\_\_\_  
 Can you work nights? \_\_\_\_\_

Employment Desired:  
 \_\_\_\_\_ Full-time Only  
 \_\_\_\_\_ Part-time Only  
 \_\_\_\_\_ Either

Date available for Work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS	MAJOR & DEGREE
		(Mailing Address)	COMPLETED	
High School				
College				
Bus. Or Trade School				
Professional School				

## APPLICATION FOR EMPLOYMENT

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ No \_\_\_\_\_ Yes

If **yes**, please explain of conviction(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. **Attach additional sheets of paper.**

DO YOU HAVE A DRIVER'S LICENSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's Licence Number \_\_\_\_\_ State \_\_\_\_\_

Expiration Date \_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_

Have you had any accidents/tickets during the past three (3) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, how many? \_\_\_\_\_

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_\_\_\_ Yes \_\_\_\_\_ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? \_\_\_\_\_ Yes \_\_\_\_\_ No

Speciality \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

Please list two references other than relatives or previous employers:

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Attach additional pages as needed.

**Work Experience**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if needed.**

Name of employer _____	Supervisor	Dates	Pay/Salary
Address _____			
City, State, Zip _____			
Phone number _____	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____	Supervisor	Dates	Pay/Salary
Address _____			
City, State, Zip _____			
Phone number _____	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

**Work Experience**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if needed.**

Name of employer _____	Supervisor	Dates	Pay/Salary
Address _____			
City, State, Zip _____			
Phone number _____	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____	Supervisor	Dates	Pay/Salary
Address _____			
City, State, Zip _____			
Phone number _____	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you complete this application yourself? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, who did? \_\_\_\_\_

Signature _____	Date _____
-----------------	------------