



OKLAHOMA PARENTS CENTER, INC.

Statewide Parent Training and Information

1-877-553-4332

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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 _____

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			

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
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