



OKLAHOMA PARENTS CENTER, INC.

1-877-553-4332

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS BEFORE HIRE

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 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:

How many hours can you work weekly: _____
 Occasionally, can you work nights? Yes No

No Preference _____ Any hours _____
 Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____

Employment Desired:
 _____ Full-time Only
 _____ Part-time Only
 _____ Either

Date available for Work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION City and State	NUMBER OF YEARS	MAJOR & DEGREE Did you complete?
High School				
College				
Bus. Or Trade School				
Professional School				

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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 _____	Your last job title		

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Large empty box for listing jobs, duties, skills, and advancements.

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

Large empty box for listing jobs, duties, skills, and advancements.

May we contact your present employer? _____ Yes _____ No
Did you complete this application yourself? _____ Yes _____ No
If not, who did? _____

Signature _____ Date _____