



APPLICATION FOR EMPLOYMENT

Donald W. Reynolds Complex
6800 Northwest 39th Expressway, Bethany, OK 73008

PLEASE PRINT

HAVE YOU APPLIED HERE IN THE PAST? Yes <input type="checkbox"/> No <input type="checkbox"/>	IF YES, INDICATE NAME ON PREVIOUS APPLICATION	TODAY'S DATE
NAME – LAST	FIRST	M.I.
HOME TELEPHONE NUMBER		CONTACT/WORK TELEPHONE NUMBER
Street Address	How many years have you lived at this address?	BEST TIME TO CONTACT YOU OR TO LEAVE A MESSAGE
City/State/Zip		SOCIAL SECURITY NUMBER
PREVIOUS ADDRESS No./Street _____ City _____ State _____ Zip _____		HOW WERE YOU REFERRED TO US FOR EMPLOYMENT? <input type="checkbox"/> Campus Recruitment <input type="checkbox"/> Employee Referral <input type="checkbox"/> Employment Security Comm. <input type="checkbox"/> Internship/Clinical experience at our facility <input type="checkbox"/> Job Fair <input type="checkbox"/> Mailing <input type="checkbox"/> Newspaper Which one? _____ <input type="checkbox"/> Open House <input type="checkbox"/> Radio Which station? _____ <input type="checkbox"/> Self <input type="checkbox"/> Trade Magazine <input type="checkbox"/> Other _____
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THIS FACILITY? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, When: From: _____ To: _____		DATES AVAILABLE TO WORK
POSITION(S) DESIRED First Choice _____ Salary/Wage Desired _____ Second Choice _____ Salary/Wage Desired _____ Do you want to work Full-time _____ Part-time _____ or Occasional _____ Specify Days and Hours if Part-time _____		HAVE YOU EVER BEEN DISCIPLINED OR FIRED? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, why?
LIST ANY FRIENDS OR RELATIVES WORKING FOR THE CHILDREN'S CENTER AND/OR KNOWLEDGE OF A PATIENT.		ARE YOU PRESENTLY AUTHORIZED TO WORK IN THE UNITED STATES ON A FULL-TIME BASIS? Yes <input type="checkbox"/> No <input type="checkbox"/>

REGISTRATION Please list licensure, certification, or registration for any profession, skill, or trade.

Occupation	Cert./Registration/License number	State	Expiration Date ____/____/____
Occupation	Cert./Registration/License number	State	Expiration Date ____/____/____
Occupation	If you have applied for state registration, please indicate date of application:		____/____/____

EDUCATION

	NAME OF SCHOOL LOCATION	YEARS COMPLETED	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE
High School/ GED				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business, Technical, Vo-Tech				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School				Yes <input type="checkbox"/> No <input type="checkbox"/>	

PROFESSIONAL REFERENCES

Please provide three professional references that may be contacted to tell us something about your suitability for work in our organization. These references may include former supervisors, industry associates, teachers, community leaders, volunteer coordinators, etc., other than relatives.

NAME	ADDRESS	CITY/STATE/ ZIP	PHONE	OCCUPATION	YEARS KNOWN

AN EQUAL OPPORTUNITY EMPLOYER

Have you ever been charged or convicted of (or pled guilty or no contest to) a crime involving dishonesty or moral turpitude? Yes No

(Failure to answer this question fully and truthfully will be grounds for denial of an employment application or for termination of employment.)

If yes, describe in full: _____

EMPLOYMENT HISTORY Please indicate all places of employment for at least the last FIVE YEARS.

List present or most recent employment first. Attach additional sheets, if necessary.

May we contact your present employer now? Yes No If not, when?

If employed under a name different than current name, please list that name. _____

Company Name	Job Title	Describe Duties
Address	____/____ TO ____/____ MO YR MO YR	
City/State/Zip	Final Salary \$ _____ per _____	
Supervisor Manager	Telephone ()	Reason for Leaving
Company Name	Job Title	Describe Duties
Address	____/____ TO ____/____ MO YR MO YR	
City/State/Zip	Final Salary \$ _____ per _____	
Supervisor Manager	Telephone ()	Reason for Leaving
Company Name	Job Title	Describe Duties
Address	____/____ TO ____/____ MO YR MO YR	
City/State/Zip	Final Salary \$ _____ per _____	
Supervisor Manager	Telephone ()	Reason for Leaving
Company Name	Job Title	Describe Duties
Address	____/____ TO ____/____ MO YR MO YR	
City/State/Zip	Final Salary \$ _____ per _____	
Supervisor Manager	Telephone ()	Reason for Leaving
Company Name	Job Title	Describe Duties
Address	____/____ TO ____/____ MO YR MO YR	
City/State/Zip	Final Salary \$ _____ per _____	
Supervisor Manager	Telephone ()	Reason for Leaving

**NEXT OF KIN – PERSON TO NOTIFY
IN CASE OF ACCIDENT OR EMERGENCY**

Name _____ Phone Number _____

Address _____ Relationship _____

ESSENTIAL JOB FUNCTIONS OF POSITION

Can you perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No

(Refer to the Job Descriptions ring binder at the Human Resources Desk for the Essential Job Functions.)

**APPLICANT'S CONSENT TO BACKGROUND CHECK
AUTHORIZATION FOR RELEASE OF INFORMATION**

BY SIGNING THIS APPLICATION, I INDICATE THAT I UNDERSTAND AND AGREE TO THE FOLLOWING:

I am legally authorized to work in the United States and in Oklahoma (i.e., meet employment eligibility requirements under the Immigration and Nationality Law and meet applicable minimum age requirements.) I will submit documentation required to comply with these laws.

I understand and agree that any employment offer is conditional until, and my continued employment dependent upon, the satisfactory review and verification of drug screening results; reference and conviction checks; acknowledgement of The Children's Center's *Code of Ethics in the Workplace*, employment eligibility verification, and acknowledgement of The Children's Center's *Employee Handbook*.

I hereby certify that all the information given by me in this application is true and correct and understand that, if employed, falsified statements or omissions on this application shall be grounds for dismissal.

I voluntarily authorize The Children's Center to contact any or all of my past or present employers and to otherwise investigate my past employment and any other statements contained in this application.

I authorize any educational institution and my current and former employers to provide any information they may have concerning me in their records. I hereby release them, their employees, and The Children's Center from all liability for any damage whatsoever for providing and obtaining same.

I understand that The Children's Center will be conducting a criminal background check as well as a screening for drugs and abuse violations, and I authorize such checks and screenings. I understand that the use of illegal drugs is prohibited during employment. I consent that, as a condition to my employment and throughout my term of employment, to submit to drug screening tests and criminal background checks.

I understand that my application will remain active for a period of 90 days from the date of the application, and a new application must be made at the end of that time to remain active. If the application is deemed incomplete by The Children's Center, the application will not be considered for employment.

If I am employed by The Children's Center, I agree to conform to the rules and regulations, and I understand that my employment and compensation can be terminated, with or without cause and with or without notice at any time at the option of either The Children's Center or myself. I understand that no representative of The Children's Center has any authority to enter into any agreement for employment for any specified period, and to make any agreement contrary to the foregoing.

SIGN IN INK _____ DATE _____

FOR HUMAN RESOURCES USE ONLY

Position _____ Department _____ Shift _____ FT, PT, OCCAS, TEMP _____

Starting Date: _____ Starting Rate: _____ Approved by: _____