

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE Social Security NUMBER

NAME			
Last	First	Middle	
PRESENT ADDRESS			
STREET	City	STATE	ZIP CODE
PERMANENT ADDRESS			
STREET	City	STATE	ZIP CODE
PHONE NUMBER			
IF RELATED TO ANYONE IN OUR EMPLOY		REFERRED	
STATE NAME AND DEPARTMENT		BY	
(OMIT NAME OF SPOUSE)			

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?

EDUCATION

	NAME AND LOCATION OF SCHOOL	GRADUATED?		MAJOR SUBJECTS	AVERAGE GRADES
		YES	NO		
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
TRADE BUSINESS OR CORRESPONDENCE SCHOOL					

Date of Birth: _____

Do you have a Valid Oklahoma Driver's License? Yes No

Have you ever had a Worker's Compensation Claim? Yes No If Yes, explain: _____

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Name: _____

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, BEGINNING WITH PRESENT OR MOST RECENT.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED

NUMBER OF DEPENDENTS _____

Do you owe any outstanding child support amounts? _____

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NUMBER

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____