



610 E. 24th Street, Tishomingo, OK 73460

An Equal Opportunity Employer

Application for Employment

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age. Equal access to employment, services and programs is available to all persons and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form. Please note that attaching a resume does not substitute for completing the application form.

Position _____ Minimum Salary Acceptable _____ Date _____

Name _____ Home Phone _____
Last First Middle

Address _____ Cell Phone _____

_____ Soc. Sec. No. _____
City State Zip

Have you ever been employed with us before? Yes No
If yes, give dates and name while employed _____

Do you have any friends, relatives, or acquaintances working for our Company?
If yes, state name and relationship _____

Are you lawfully eligible to work in this country? Yes No
Proof of citizenship or immigration status will be required upon employment

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Temporary

Can you travel if a job requires it? Yes No

Have you ever been convicted of a criminal offense? Yes No
Conviction will not necessarily disqualify an applicant from employment

If yes, describe the crime, when and where convicted and disposition of case.

Are you willing to undergo the required pre-employment drug test? Yes No

Are you fluent in a foreign language or sign language? Yes No

How were you referred to our company? _____

EDUCATION

Name of High School _____ Did you graduate? Yes No GED

List any college, Technical or Trade Schools you attended:

School Name: _____ Dates attended: _____

Did you graduate? Yes No Degree/Diploma earned: _____

School Name: _____ Dates attended: _____

Did you graduate? Yes No Degree/Diploma earned: _____

School Name: _____ Dates attended: _____

Did you graduate? Yes No Degree/Diploma earned: _____

EXPERIENCE

List the last five employers, starting with most recent, or go back 10 years; including military service.

May we contact your current employer for a reference? Yes No

Name and address of employer

Dates From: _____ To: _____ Position: _____

Starting salary _____ Ending salary _____ Supervisor _____

Name during employment _____

Reason for leaving _____

Name and address of employer

Dates From: _____ To: _____ Position: _____

Starting salary _____ Ending salary _____ Supervisor _____

Name during employment _____

Reason for leaving _____

Name and address of employer

Dates From: _____ To: _____ Position: _____

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Starting salary _____ Ending salary _____ Supervisor _____

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Name and address of employer

Dates From: _____ To: _____ Position: _____

Starting salary _____ Ending salary _____ Supervisor _____

Name during employment _____

Reason for leaving _____

SKILLS

List any special job-related or computer skills, qualifications, experience, and licenses or certifications you hold:

REFERENCES

List names, addresses and phone numbers of three individuals not related to you who know your qualifications:

Name	Address	Phone

CERTIFICATION

(Each Application Requires Current Date and Original Signature)

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment, whenever it may be discovered.

I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information.

I understand that the Family Health Center of Southern Oklahoma, as a condition of employment, will conduct background checks including, but not limited to, drug testing, criminal history and OIG list of Excluded Individuals/Entities. I understand that my employment is contingent upon completion and approval of the appropriate background investigations.

I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are not valid. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I agree to all terms stated in the application form and I understand that, should I be employed, this document will become part of my permanent employment record.

I declare that I have read the above paragraphs, understand their importance and effect upon my employment, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

Return Application via fax at (580)-371-2451 or mail 610 E 24th Street, Tishomingo, OK 73460.