



Serving Oklahoma and Northeast Texas

Employment Application

Our Agency is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Please print or type all information.

1. Title of Position Applying for		2. Location		3. Date of Application	
4. Name: Last		First	Middle Initial		
5. Current Address: Number		Street	Apt. No.		
7. City		8. State	9. Zip Code	10. Home Phone No. () -	
11. List any name(s) used in the past:					
Background:					
12. How did you learn about this job? _____					
13. Language other than English in which you are fluent: _____					
14. Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No					
15. Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date _____					
16. Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date _____					
17. Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary					
18. Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No What percent? _____					
19. Do you have any relatives (by blood or marriage) working for the Agency? <input type="checkbox"/> Yes NO <input type="checkbox"/> If yes, List name(s), Relationship(s), and Location(s): _____					
20. Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch _____ Highest Rank: _____ Dates of Service: _____ Type of Discharge: _____					
21. Are you able to perform the tasks that appear on the attached job description with or without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
22. How would you perform the tasks, and with what accommodations? _____					
23. I understand that I may be required to have a physical examination and I hereby consent to this and any future physical examinations as required by the employer <input type="checkbox"/> Yes <input type="checkbox"/> No					
24. Have you ever been convicted of a misdemeanor (other than traffic violations) or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____					

25. Education Circle the highest grade completed GED 9 10 11 12 Associate's Bachelor's Master's Ph.D.

High School Name:		Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>	City, State:	
College/Technical School Name:	Field of study	Degree or number of sem. hrs	City, State:	
College/Technical School Name:	Field of study	Degree or number of sem. hrs	City, State:	

License/Certificate (other than Driver's License): License No: Issued By:	Date issued:	Date Expires:
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26. General Skills/ Specialized Skills	Computer Skills - Software and years of experience:	0-1 yr	1-2 yrs	2+ yrs
Computer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software: MS Word		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software: PowerPoint		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software: MS Publisher		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software: Excel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software: Access		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typewriter WPM _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAX		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculator		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PBX System		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Qualifications Summarize specialized training, job-related skills, qualifications, apprenticeship, and extra-curricular activities acquired from employment or other experience.

Employment History: This section **MUST BE COMPLETED** even if you are attaching a resume. Since every effort will be made to contact current and previous employers, *correct telephone numbers are important. Volunteer work or internships may also be included. Additional employment information may be attached.*

Current or Most Recent Employer Name: Full Time Part Time

() - _____

Address	City	State	Zip Code	Phone Number
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Date employed: _____ To _____ Job Title _____ Supervisor's Name _____

From _____

If currently employed, may we contact your supervisor? Yes No Salary: \$ _____ (monthly)

Duties: _____

Reason for Leaving: _____

Second Most Recent Employer Name: Full Time Part Time

() - _____

Address	City	State	Zip Code	Phone Number
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Date employed: _____ To _____ Job Title _____ Supervisor's Name _____

From _____

If currently employed, may we contact your supervisor? Yes No Salary: \$ _____ (monthly)

Duties: _____

ACKNOWLEDGMENT

By my signature below, I acknowledge that the forgoing statements are true and correct;

I give consent to conduct all inquiries listed in this certification;

I release companies, schools, & persons from liability for providing requested information; and

I acknowledge that I am seeking at will employment

SIGNATURE _____ **DATE** _____

Additional page(s) attached? Yes No

References

1.

Name

Phone Number

Address

Relationship

2.

Name

Phone Number

Address

Relationship

3.

Name

Phone Number

Address

Relationship

4.

Name

Phone Number

Address

Relationship

AUTHORIZATION AND RELEASE FOR CRIMINAL HISTORY/SEX OFFENDER CHECK

This Authorization and Release is executed under penalty of perjury on the _____ day of _____, 20____, by _____, an applicant for employment (“Applicant”) with Agency (“Agency”).

Applicant understands that Agency receipt of a clear state and/or national felony record search is a condition of employment with Agency. Because Applicant desires employment with Agency, Applicant authorizes Agency to request and obtain the results of a national and/or state felony record search of Applicant’s name, fingerprints, social security number and any other lawful means of obtaining such results. Applicant hereby releases Applicant’s felony record search results to Agency. Applicant also releases Agency of any and all liability relating to its request for, receipt and use of the search results.

Applicant acknowledges that Applicant has been furnished and understands all of the requirements of Agency Criminal Arrest History Policy and agrees to be bound by all of its terms and conditions.

Applicant also agrees to truthfully answer the following questions:

HAVE YOU EVER:

- a. Entered a plea of guilty or nolo Contendere to a state or federal Felony charge?
Yes _____ No _____

- b. Been convicted of a state or Federal felony offense?
Yes _____ No _____

- c. Been charged with a state or federal felony offense that was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere?
Yes _____ No _____

- d. Entered a plea of guilty or nolo contendere to, or been convicted of, a state of federal misdemeanor charge involving illegal chemical substances or illegal sexual activity.
Yes _____ No _____

Applicant understands that if Applicant is hired by Agency prior o receipt of the results of the felony record search, Applicant will be classified as a temporary employee until notified otherwise by Agency. Furthermore, Applicant understands that if the felony record search reveals a prior felony offense conviction or if Applicant provides a false response to one or more of the above questions, then Applicant will be denied employment. If Applicant is employed prior to receipt of the search results, then (1) Applicant is deemed to have resigned Applicant’s temporary employment with Agency, effective upon acceptance by Agency, and (2) Agency may accept Applicant’s resignation at any time after the date Agency was notified of either the unsatisfactory search results or the false response, whichever is later. Applicant understands and agrees that if hired by Agency, then Applicant is subject to a felony record search at any time during his/her employment with Agency and this Authorization and Release shall remain in full force and effect throughout Applicant’s employment with Agency.

Applicant

Date

Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to The Holmes Organisation or its agent.

The companies commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts. I understand that violations on my driving record may result in the company auto insurance carrier regarding me as an excluded driver from the policy. I understand if this occurs that my offer of employment may be rescinded or my employment may be terminated.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment.

Full Legal Name (include middle initial)

Social Security Number

Driver's License Number

State of Issuance

Date of Birth

Signature

Date