



1125 N. Maitlen Drive, Cushing, OK 74023

Application for Employment

Today's Date:

Personal Information

Name, (Last, First, MI)	
Street Address	
City, State, Zip	

Home Phone Number	Work Phone Number
Fax Number	E-Mail Address
Social Security Number	Driver's License Number/State/Expiration

Employment Desired

Position Applied For	Wage Desired
How Did You Learn of This Position?	

Date Available to Work?	Desired Hours? (Full-Time, Part-Time, Etc.)
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Education

	Name & Address of School	Course of Study	Total Years of Study	Degree/ Diploma
High School				
Undergraduate College				
Graduate/ Professional				
Trade, Business, Correspondence or other (Specify)				

List any seminars, classes or other education not listed above which may help qualify you for this position.

Employment History

List below all present and past employers over the past ten years, starting with your **most recent employer**. Account for all periods of unemployment. You must complete this section even if attaching a resume.

May we contact your current employer? **YES** **NO**

1. Employer (Current <input type="checkbox"/> Yes <input type="checkbox"/> No)		Start Date	End Date	Essential Job Functions of Final Position
Address				1.
City, State, Zip		Starting Salary	Ending Salary	2.
Phone Number				3.
Fax Number	Supervisor(s)			4.
Job Position(s)			Email Address of Supervisor	
What did you like best about this job?				

May we contact this employer? **YES** **NO**

2. Employer		Start Date	End Date	Essential Job Functions of Final Position
Address				1.
City, State, Zip		Starting Salary	Ending Salary	2.
Phone Number				3.
Fax Number	Supervisor(s)			4.
Job Position(s)			Email Address of Supervisor	
What did you like best about this job?				

Employment History

May we contact this employer? **YES** **NO**

3. Employer		Start Date	End Date	Essential Job Functions of Final Position
Address				1.
City, State, Zip		Starting Salary	Ending Salary	2.
Phone Number				3.
Fax Number	Supervisor(s)			4.
Job Position(s)			Email Address of Supervisor	
What did you like best about this job?				

May we contact this employer? **YES** **NO**

4. Employer		Start Date	End Date	Essential Job Functions of Final Position
Address				1.
City, State, Zip		Starting Salary	Ending Salary	2.
Phone Number				3.
Fax Number	Supervisor(s)			4.
Job Position(s)			Email Address of Supervisor	
What did you like best about this job?				

Identify formal job training that relates to this position:	
Identify what skills or certifications you possess related to this position	
If you are hired, what value would you add to our company?	

Additional Information

Have you ever been employed with this company before?

YES NO

If yes, when?

Do you have any friends or relatives employed by this company?

YES NO

If yes, please provide their names and relationship to you:

Are you currently employed?

YES NO

May we contact your employer?

YES NO

Are you currently on "lay off" status and subject to recall?

YES NO

If you are under 18 years of age, can you provide proof of your eligibility to work?

YES NO

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?

YES NO

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?

YES NO

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for?

YES NO

If yes, please explain:

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of driving under the influence "(DUI)"?

YES NO

If hired, do you have a reliable means of transportation to and from work?

YES NO

Have you ever been convicted of a felony or misdemeanor?

If yes, please explain:

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company Name		Address
Telephone:	E-Mail:	Relationship & Years Acquainted

Name		Occupation
Company Name		Address
Telephone:	E-Mail:	Relationship & Years Acquainted

Name		Occupation
Company Name		Address
Telephone:	E-Mail:	Relationship & Years Acquainted

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or mis-representations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at either my or my company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date:

Signature: