

APPLICATION FOR EMPLOYMENT

Mental Health Services of Southern Oklahoma



Section I

Date:		Social Security Number:	
Name:			
	Last	First	Middle
Date of Birth:			Sex:
	Month	Day	Year
			M/F
Address:			
	(Mailing)		
	City	State	Zip
Home Telephone (Area Code)		Business Telephone	
Position(s) Applied For:		Location: (Underline one only)	Ada, Ardmore, Durant, Madill, Marietta, Pauls Valley, Seminole, Sulphur, Tishomingo, Drug Court, ICM/SOC, Administration.
Referral Source		Newspaper:	
		Employment Agency	Relative:
		Other:	Friend:
Military (Complete This Section If You Served in the U.S. Armed Forces):			
Branch of Service			
Period of Active Duty (Month & Year)		Vietnam Era Veteran	Yes No
Rank at Discharge:			
Date of Final Discharge:			
Have you been convicted of a felony within the last 7 years? If yes, please explain:			
In case of accident or emergency, please notify:			
Name:		Relationship	
Address:		Telephone Number:	

Affirmation Action Information: The information will be used for statistical purposes, and will not be used in any way to discriminate against any applicant for employment. Please provide accurate information. Your cooperation is important.

Race or Ethnic Group (Check one box only)

<input type="checkbox"/>	Black (Not of Hispanic Origin)-All persons having origins in any of the Black Racial Groups of Africa.
<input type="checkbox"/>	Asian or Pacific Islanders-All persons having origins in any of the Original Peoples of the Far east, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, India and Samoa.
<input type="checkbox"/>	American Indian or Alaskan Native- All persons having origin in any of the Original Peoples of North America and who maintain cultural identification through Tribal Association or Community Recognition.
<input type="checkbox"/>	Hispanic-All persons of Mexican, Puerto Rican, Central or South American, or other Spanish Culture or Origin, regardless of race.
<input type="checkbox"/>	White-(Not of Hispanic Origin)-All persons having origins in any of the Original Peoples of Europe, North Africa or the Middle East.

AGREEMENT

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal or employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

I understand that if employed, any misstatement or omission of the fact given in this application or interview(s) shall be considered cause for dismissal. I understand, also, that I am required to abide by all policies and procedures of the Agency.

Signature of Applicant

Date

SECTION II

Name:			
	Last	First	Middle Initial
			Date

Position(s) Applied For:		Location: (Circle one only)	Ada, Ardmore, Durant, Madill, Marietta, Pauls Valley, Sulphur, Tishomingo, Drug Court, ICM/SOC, Administration
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Education:	High School Graduate		GED Certificate
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Professional License/Certificate	Yes		No		If yes, indicate type
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Vocational School Attended (Include Name, Location, Area of Study, Dates Attended):

Name and Location of colleges or Universities Attended	Field of Study	No. of Years Completed	Degree	Date Received
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<p>You <u>may not</u> submit a resume in lieu of completing this work history. A resume may be attached <u>only</u> as additional information,</p>	EMPLOYMENT HISTORY	<p>Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. Attach additional pages or resume.</p>
1	Company Name:	Telephone Number (Include Area Code):
	Address	Employed (State Month & Year) From: _____ To: _____
	Name of Supervisor	Weekly Pay Start: _____ Last: _____
	State Job Title and Describe Your Work	Reason for Leaving:
2	Company Name:	Telephone Number (Include Area Code):
	Address	Employed (State Month & Year) From: _____ To: _____
	Name of Supervisor	Weekly Pay Start: _____ Last: _____
	State Job Title and Describe Your Work	Reason for Leaving:
	Company Name:	Telephone Number (Include Area Code):

3	Address		Employed (State Month & Year) From: _____ To: _____	
	Name of Supervisor		Weekly Pay From: _____ To: _____	
	State Job Title and Describe Your Work		Reason for Leaving:	
We may contact the employers listed above unless you indicate those you do not want us to contact.		DO NOT CONTACT		
		Employer Number(s): _____		
		Reason(s): _____		

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	EMPLOYER	PERSON CONTACTED	RESULTS
	1		
	2		
	3		
	4		
	5		

T E S T R E S U L T S	TEST ADMINISTERED	RAW SCORE	RATING	ANALYSIS AND COMMENT

I N T E R V I E W R E S U L T S	

L T S & C O M M E N T S	