

**Application for Employment**

Please answer each question completely. Incomplete applications will not be considered.

---

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Last First Middle AC

Present Address: \_\_\_\_\_  
Number Street City State ZIP

Social Security No: \_\_\_\_\_ Are you over 18 years of age? \_\_\_\_\_

Are you legally authorized to work in the U.S.A.?  Yes  No

Have you been convicted of any crime, excluding minor traffic violations, including driving under the influence of drugs or alcohol?  Yes  No

If yes, state the offense, location, disposition and date:

---

---

NOTE: A conviction will not necessarily disqualify you for employment.

Do you have the ability, with our without reasonable accommodation, to work overtime or to travel if same are required by the job for which you are applying?  Yes  No

If no, please explain \_\_\_\_\_

---

Drivers License: State \_\_\_\_\_ Type/Class: \_\_\_\_\_ Current? \_\_\_\_\_

**EMPLOYMENT DESIRED**

Full Time  Part-Time  Temporary  Summer

Position applying for \_\_\_\_\_ Desired wage \_\_\_\_\_

Date available: \_\_\_\_\_

Are you now, or do you expect to be working in any other business or job which could conflict with your ability to work a flexible schedule?  Yes  No

Are there any days or hours you would be unable or unwilling to work?  Yes  No

If yes, please explain:

---

---

---

How did you learn about this position?

Newspaper  State  Friend  Respite employee  Other \_\_\_\_\_

### EDUCATION

Employees are required to have a high school diploma or equivalent.

School name & address	Dates	Graduate	Course of Study
High School	XXXXXXX XXXXXXX XXXXXXX XXXXXXX	Yes      No GED	
College	From: ____  To: ____	Yes      No	
Trade/Special Training	From: ____  To: ____	Yes      No	Diploma/Certificates

If you are the successful candidate for this position, formal and in-service training will be required to comply with the standards and regulations under which we operate. Are you willing and able to attend such training? \_\_\_\_\_

Do you have specialized training or experience in this field you feel would help qualify you for this position?

- |                                      |                              |                                    |                                 |
|--------------------------------------|------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Foundations | <input type="checkbox"/> CPR | <input type="checkbox"/> First Aid | <input type="checkbox"/> MAT    |
| <input type="checkbox"/> ETL1        | <input type="checkbox"/> PA1 | <input type="checkbox"/> HIPAA     | <input type="checkbox"/> Other: |

### WORK HISTORY

Please list names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give name of company and furnish business references.

Current/Last Employer	Supervisor	From:
Address:	Job Title	To:
Phone:	Type of Business:	Start Pay:
Job Duties:	Reason for leaving:	End Pay:

Employer	Supervisor	From:
Address:	Job Title	To:
Phone:	Type of Business:	Start Pay:
Job Duties:	Reason for leaving:	End Pay:

Employer	Supervisor	From:
Address:	Job Title	To:
Phone:	Type of Business:	Start Pay:
Job Duties:	Reason for leaving:	End Pay:

Employer	Supervisor	From:
Address:	Job Title	To:
Phone:	Type of Business:	Start Pay:
Job Duties:	Reason for leaving:	End Pay:

Employer	Supervisor	From:
Address:	Job Title	To:
Phone:	Type of Business:	Start Pay:
Job Duties:	Reason for leaving:	End Pay:

**PERSONAL/BUSINESS REFERENCES**

Please give three references. Do not use former employers or relatives.

Name	Address	Phone	Occupation
1.			
2.			
3.			





**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Staff Information -  
Child Care Facility**

Applicant first name	Middle name	Last name	Social Security no.
Maiden and/or previous names			Date of birth
Street address	City	State	Zip
Position		Area code	Phone
Facility name Show, Inc.-Respite		License no. K8 30024702	County CREEK
Street address 1500 E. DEWEY AVENUE	City SAPULPA	State OK	Zip 74066

**Education.**

Do you have a high school diploma or GED? Yes  No

If no, highest grade completed: \_\_\_\_\_

List early childhood credentials or educational certificates	Expiration date(s)
--	--------------------

**College:**

Name	Location	Date graduated
Degree	Major	Minor

**Previous child care employment.**

Name of employer	Address (city, state, zip)	Phone number	Full or part-time	Service dates

**Personal references.**

Initial application only. List three persons not related to you, who are familiar with your child care practices.

Name	Address (city, state, zip)	Phone	Relationship

- Have you been convicted of, or entered a plea of guilty, or nolo contendere, or have pending charges to any crime involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; or animal cruelty? Yes  No
- Have you resided in Oklahoma less than three years? Yes  No   
List state(s) \_\_\_\_\_

\_\_\_\_\_  
Applicant/employee signature

\_\_\_\_\_  
Date

**Completed during hiring process.**

Date completed criminal background review received	Date reference checks completed
Date requirements provided to employee	Employment date

**Training completion dates, if applicable:**

First aid	CPR
Orientation	Entry level child care training (ELCCT)

\_\_\_\_\_  
Owner or director signature

\_\_\_\_\_  
Date