

# Application for Employment

**Payne County Youth Services**  
**P. O. Box 2647, Stillwater OK 74076-2647**  
**(405) 377-3380**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**(Please print)**

Position(s) Applied For:		Date of Application:	
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend <input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry <input type="checkbox"/> Other _____	
Last Name:	First Name:	Middle Name	
Address: <i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Telephone Number(s):	<i>Home</i>	<i>Cell</i>	<i>Work</i> <i>Other</i>
<b>E-mail address:</b>			
Best time to contact you is: _____ a.m.; _____ p.m.			
If you are under 18 years of age, can you provide required proof of your eligibility to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If Yes, give date: _____	
Have you ever been employed with us before:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If Yes, give date: _____	
Do any of your friends or relatives, other than spouse, work here? If Yes, state name, relationship, and location:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <i>Proof of citizenship or immigration status will be required upon employment.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date available for work: ____ / ____ / ____		What is your desired salary range? _____	
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Please indicate shift: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Please indicate: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings <input type="checkbox"/> Overnight		
Are you currently on "lay-off" status, subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you been convicted of a felony within the last five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.</i>			

**WE ARE AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**  
**Auxiliary aides and services are available upon request to individuals with disabilities.**

**EDUCATION**

<b>School</b>	<b>Name/Address of School</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Diploma/Degree</b>
<i>High School</i>				
<i>Undergraduate College</i>				
<i>Graduate/ Professional</i>				
<i>Other (Specify)</i>				

**WORK HISTORY**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number:	Hourly Rate/Salary		
Starting / Present Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number:	Hourly Rate/Salary		
Starting / Present Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number:	Hourly Rate/Salary		
Starting / Present Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number:	Hourly Rate/Salary		
Starting / Present Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Include explanation of any gaps in employment:

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

List professional, trade, business or civic activities and office held:  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

Additional Information:  
**Other Qualifications:** *Summarize special job-related skills and qualifications acquired from employment or other experience.*

Specialized Skills

State any additional information you feel may be helpful to us in considering your application:

**NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  Yes  No

**PERSONAL / PROFESSIONAL REFERENCES**

Do Not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation

**APPLICANT'S STATEMENT**

- I certify that answers given herein are true and complete.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- 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.
- It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.
- I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_