



Garvin County Community Living Center, Inc.
 P.O. Box 1119 / 1802 Enterprise Blvd.
 Pauls Valley, OK 73075
 (405) 238-7351 Fax: (405) 238-7730

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Alternate Phone #: _____

Social Security #: _____ Drivers license number: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment): _____

How were you referred to us? _____

Employment History

Please provide all employment information for your past **four employers** starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, year graduated and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other Training or Certification: _____

References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

1. _____

2. _____

3. _____

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

Federal, State and Agency Policy require that an *OSBI Criminal Background Check*, a *Motor Vehicle Record Check*, and a *Community Registry Check* be obtained for each applicant prior to approval of employment. By signing below, I am giving GCCLC, Inc. specific permission to obtain these documents, for the sole purpose of determining employment eligibility with GCCLC, Inc. as required by the above policies.

I also understand that by submitting this application I am authorizing investigation of all statements contained within, and it is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or for separation of the Agency's service if I have been employed.

I am providing GCCLC, Inc. with the following additional information to obtain these records:

Social Security Number: _____ Date of Birth: _____

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ **Date:** _____



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Employment Application Supplement

Applicant (print)	Date
Provider agency Carvin County Community Living Center, Inc.	

As I apply for a job as a community services worker, I understand:

- prior to employing me, the community services provider is required by Oklahoma law to conduct a search of:
 - criminal history records with Oklahoma State Bureau of Investigation (OSBI); and
 - Oklahoma Department of Human Services (OKDHS) Community Services Worker Registry (Registry);
- the community services provider is prohibited by Oklahoma law from hiring, contracting with, or using as a volunteer, any person;
 - who has been convicted, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony, except under circumstances described in OAC 340:100-3-39; or
 - whose name appears in the Registry;
- my employment may be terminated if my name appears in the Registry, even though my name may not have been in the Registry at the time of my application or hiring;
- I must report to the community services provider all of my current and previous employers who provide services to children and adults who are vulnerable; and
- giving false information regarding my current and previous employers may result in termination of my employment.

Applicant signature Date

Routing: Original – community services worker personnel record
 Copy – community services worker