



Southwest Oklahoma Community Action Group, Inc.
Employment Application

Southwest Oklahoma Community Action Group, Inc. is an Equal Opportunity Employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or any other protected classification.

Applicant Information

Application Date: _____

Name: _____

Social Security #: _____

Mailing Address: _____
Street or P.O. Box City State Zip

Phone: _____

E-mail Address: _____

Employment Eligibility

Are you over 18 years old? Yes ___ No ___

Are you authorized to work in the U.S. on an unrestricted basis? Yes ___ No ___

Do you have any relatives employed with SOCAG or on the Board? (Please list.) _____

SOCAG is a drug free workplace. Our testing conforms to applicable laws and regulations. Pre-employment testing is a condition of hiring. Additionally, testing includes random, post-accident, and return-to-duty. Please acknowledge by initialing here. _____

Education - (You will be asked to provide official transcripts.)

High School: _____ City/State: _____

Graduated? Yes ___ No ___

College: _____ City/State: _____

Graduated? Yes ___ No ___ Major: _____

College: _____ City/State: _____

Graduated? Yes ___ No ___ Major: _____

List any other professional certifications and whether they are active or inactive:

Position Details:

What position are you applying for? _____ What is your desired rate of pay? _____

When is your available start date? _____

Have you seen the job description or been told the essential duties of the job? Yes ___ No ___

Can you perform the required duties with or without reasonable accommodation? Yes ___ No ___

Will you accept employment of: Full Time ___ Part Time ___ Substitute ___

Do you have any availability restrictions? No ___ Yes ___ If yes, describe: _____

Applicant Name: _____ Social Security #: _____

If any records are under another name, please list: _____

Prior Work History (*Please note this section is required, even if a resume is attached.*) (List your last 4 jobs beginning with current or most recent employer.)

Company _____ Phone _____

City & State _____ Supervisor _____

Dates Employed: From (month/year) _____ To (month/year) _____

Job Title _____ Starting Pay \$ _____ Ending Pay \$ _____

Reason for Leaving: _____

Company _____ Phone _____

City & State _____ Supervisor _____

Dates Employed: From (month/year) _____ To (month/year) _____

Job Title _____ Starting Pay \$ _____ Ending Pay \$ _____

Reason for Leaving: _____

Company _____ Phone _____

City & State _____ Supervisor _____

Dates Employed: From (month/year) _____ To (month/year) _____

Job Title _____ Starting Pay \$ _____ Ending Pay \$ _____

Reason for Leaving: _____

Company _____ Phone _____

City & State _____ Supervisor _____

Dates Employed: From (month/year) _____ To (month/year) _____

Job Title _____ Starting Pay \$ _____ Ending Pay \$ _____

Reason for Leaving: _____

Please explain any gaps in your employment history _____

May we contact your current employer? Yes ___ No ___ Not Applicable ___

List Names of Any Other Employers During the Past 5 Years that were not included above? _____

I authorize Southwest Oklahoma Community Action Group, Inc. to obtain employment references. Furthermore, I authorize said employers to disclose all records and information pertaining to my employment with them.

Applicant

Date

Applicant Name _____

Social Security No. _____

Background Information

If you answer YES to any of the questions below, explain in the space after the question. The explanation should include: State and/or jurisdiction, nature of complaint, disposition of complaint; e.g., “dismissed insufficient evidence”, date of disposition.

Yes___ No___ Have you ever pled “guilty”, or “no contest” to, or been convicted of a misdemeanor?

Yes___ No___ Have you ever pled “guilty”, or “no contest” to, or been convicted of a felony?

References (Please do not list relatives or supervisors listed in employment history.)

1. Name _____ City & State _____

Daytime Phone Number _____

2. Name _____ City & State _____

Daytime Phone Number _____

3. Name _____ City & State _____

Daytime Phone Number _____

Family References (List two relatives for character reference.)

1. Name _____ Relationship _____

Daytime Phone Number _____

2. Name _____ Relationship _____

Daytime Phone Number _____

Applicant’s Certification & Agreement

I certify that the facts set forth in this Employment Application are true and complete to the best of my knowledge. I understand that false statements, omissions, or misrepresentations on this application will be grounds for rating me ineligible for employment or for dismissal after employment. I authorize Southwest Oklahoma Community Action to investigate any of the facts contained in this application or any attached resume.

I understand that Southwest Oklahoma Community Action Group, Inc. may contact previous employers, and I authorize those employers to disclose all records and information pertaining to my employment with them. I authorize the persons named as references to provide SOCAG with any pertinent information they may have regarding me.

I understand that employment at this agency is “at-will”, which means that either the agency or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor or executive of the agency, other than the Executive Director, has any authority to alter the foregoing.

Applicant Signature _____

Date _____