



**Application for Employment**  
PLEASE PRINT

2140 South Harvard  
Tulsa, OK 74114

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Human Skills and Resources, Inc.

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral source:  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Social Security # \_\_\_\_\_

May we contact you at work? .....  Yes  No

If yes, work number and best time to call..... ( ) \_\_\_\_\_  AM  PM

Have you submitted an application here before? .....  Yes  No If yes, give date(s):..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed here before? .....  Yes  No

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Contract

Will you travel if job requires it? .....  Yes  No

Are you able to meet the attendance requirements of this position? .....  Yes  No

Will you work overtime if required? .....  Yes  No

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

Have you ever been bonded? .....  Yes  No

**THIS AGENCY REQUIRES COVERAGE 24 HOURS, 7 DAYS PER WEEK. WORK HOURS AND LOCATION MAY VARY DEPENDING ON BUSINESS NECESSITY. EMPLOYEES MAY BE REQUIRED TO WORK WEEKENDS AND OVERTIME.**

**EMPLOYMENT HISTORY:** Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in the comments section below.

**EMPLOYER	TELEPHONE	Dates employed
_____		From: _____ To: _____
ADDRESS		
_____		
JOB TITLE	IMMEDIATE SUPERVISOR AND TITLE	
_____		
TYPE OF WORK PERFORMED & JOB RESPONSIBILITIES		
_____		
REASON FOR LEAVING	MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____		
HOURLY RATE/ SALARY (starting) \$ _____		HOURLY RATE/SALARY (final) \$ _____

**EMPLOYER	TELEPHONE	Dates employed
_____		From: _____ To: _____
ADDRESS		
_____		
JOB TITLE	IMMEDIATE SUPERVISOR AND TITLE	
_____		
TYPE OF WORK PERFORMED & JOB RESPONSIBILITIES		
_____		
REASON FOR LEAVING	MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____		
HOURLY RATE/ SALARY (starting) \$ per _____		HOURLY RATE/SALARY (final) \$ per _____

**EMPLOYER	TELEPHONE	Dates employed
_____		From: _____ To: _____
ADDRESS		
_____		
JOB TITLE	IMMEDIATE SUPERVISOR AND TITLE	
_____		
TYPE OF WORK PERFORMED & JOB RESPONSIBILITIES		
_____		
REASON FOR LEAVING	MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____		
HOURLY RATE/ SALARY (starting) \$ per _____		HOURLY RATE/SALARY (final) \$ per _____

**COMMENTS:** Including explanation of any gaps in employment: \_\_\_\_\_

**SKILLS AND QUALIFICATIONS-** Summarize any special training, skills, license and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL BACKGROUND If job-related**

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable)

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor
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**REFERENCES**

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
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_____	(____) _____	_____
_____	(____) _____	_____
_____	(____) _____	_____

**ADDITIONAL INFORMATION**

List professional, trade, business, or civic associations and any offices held. Exclude memberships that reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

<u>ORGANIZATION</u>	<u>OFFICES HELD</u>
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List special accomplishments, publications, awards etc. - Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.

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List any other information you would like us to consider.

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I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application and immediate discharge from the employer's service whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representative for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I further understand that any assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I affirm that I have a genuine intent and no other purposes on applying for a job with Human Skills & Resources, Inc.

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

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Signature of Applicant

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Date