



2300 North 10th Street Enid, OK 73701 Main: 800.422.3266 Fax: 888.509.9466

A. GENERAL INFORMATION

Name SSN Driver's License No. & State Date

Previous Last Name Used Current Street Address

City State Zip Phone Number

If not a resident at current address for 2 years, give previous address & phone No.

Lived there From To

Citizenship (All persons, upon hiring, must verify citizenship status or provide valid authorization to work in the U.S.)
Are you a U.S. Citizen? Yes No if not, are you authorized to work in the U.S.? Yes No

List states and countries of residence for the past 7 (seven) years.

Have you ever been convicted of a felony? (Do not answer, "Yes" If your official conviction record has been annulled, expunged or sealed. A past criminal history does not necessarily disqualify an applicant from employment.) Yes No
If yes, describe fully

Do you have any relatives or friends working for the company? Yes No If yes, give name and department

Have you ever worked for this company before? Yes No If yes, when and in what department/location?

In case of emergency, whom should we notify?
Name Address Phone Number

B. JOB INTEREST

Position Applying For Referred By

Type of Employment Desired (check one) Full Time Part Time Temporary Summer

Shift Preference Salary Required

Are you willing to work overtime Yes No Work Weekends? Yes No
Date available to begin work Are you 18 or over? Yes No Are you 21 or over Yes No
If no, you may have to provide a work permit.

C. EDUCATION

Name & Address of School Attended From Mo/Yr To Mo/Yr Did you graduate? List Diploma or Degree

High School Yes No Attending

College or University Yes No Attending

Other Yes No Attending

D. REFERENCES

Please list two who know of your qualifications and work abilities (do not include relatives)

Name Address Phone Occupation

1.

2.

YOUR EMPLOYMENT HISTORY

List below your employment history, beginning with your most recent employer. Account for all periods of time, including part-time work, military service or unemployment. May we contact your present employer for references? Yes No
If additional space is needed, please attach supplemental information.

PREVIOUS EMPLOYER (MOST RECENT)

Name	Address	Phone No.
Department	Supervisor	
Job Title and description of duties		
Reason for Leaving		
From (Mo./Yr.)	To (Mo./Yr.)	Salary Start
		End

F. PREVIOUS EMPLOYER

Name	Address	Phone No.
Department	Supervisor	
Job Title and description of duties		
Reason for Leaving		
From (Mo./Yr.)	To (Mo./Yr.)	Salary Start
		End

G. PREVIOUS EMPLOYER

Name	Address	Phone No.
Department	Supervisor	
Job Title and description of duties		
Reason for Leaving		
From (Mo./Yr.)	To (Mo./Yr.)	Salary Start
		End

H. PREVIOUS EMPLOYER

Name	Address	Phone No.
Department	Supervisor	
Job Title and description of duties		
Reason for Leaving		
From (Mo./Yr.)	To (Mo./Yr.)	Salary Start
		End

I. SPECIAL SKILLS & QUALIFICATIONS

RELEASE AND CONSENT

I understand and certify that all information supplied in this application and any attached resume, is complete and correct. Any false, misleading or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed dismissal. I understand that in consideration of my employment, I agree to conform to the rules and regulations of the employer, and further agree that my employment and compensation are at the will of the employer and can be terminated, with or without cause, and with or without notice, at any time at the option of either the employer or myself. I understand and agree that these terms can only be modified in writing and signed by the President. No supervisor, representative, agent or other employee of the Employer has now or has had in the past the authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or in modification of the above terms, nor can any policies or practices of the Employer either written or oral, modify the above terms.

I understand and agree to take any physical examination, including drug-screening test, all such tests will be administered in compliance with the American With Disabilities Act.

I understand and hereby authorize all persons, schools companies, employers and/or their representatives to furnish verification so the Employer its representatives or agents, any and all information set forth in this application and/or attached resume. In addition, I hereby agree to hold harmless and to release from all liability all said person, schools, companies, employers and/or their representatives from any and all claims that I may have, or which may arise, against any and/or all of them including the Employer, as a result of them furnishing information to the Employer. I authorize the employer, should they employ me, to release employment references if my employment becomes terminated for any reason. I also authorize the employer to conduct credit, police, criminal and driving record inquiries, or any other employment related inquiries in compliance with the provisions of the Fair Credit Reporting Act 15 U.S.C. Section 168, ET. Seq. I understand that the decision to hire my continued employment and me will be subject to the result of these inquiries.

I understand this application will be active for employment consideration for 30 days. After 30 days, if I wish to be considered for employment, I must contact the Employer to determine if applications are being accepted.

I have read, understand and agree with this statement.

Applicant's Signature _____ Date _____