

MISSION OF HOPE

1804 S. PERKINS RD – STILLWATER, OK 74074
(405) 332-5521 - OFFICE (405) 332-5525 – FAX
www.StillwaterMOH.org



Employment Application

Applicant Information

Full Name: _____ Date: _____

Address:

Street Address _____ Apartment/Unit# _____

City _____ State _____ Zip Code _____

Phone: _____ Email: _____

Date Available: _____

Desired Salary\$ _____

Position Applied for: _____

Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, are you authorized to work in the U.S?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever worked for this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes when?		
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

If yes, explain: _____

Education – May leave blank if information was provided on resume.

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High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No

College: _____
Address: _____

From: _____ To: _____ Did you graduate? Yes No

Degree: _____

Other: _____
Address: _____

References – May leave blank if information was provided on resume.

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment – May leave blank if information was provided on resume.

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Company: _____ Phone _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ to: _____ Reason for Leaving: _____

May we contact your previous Supervisor for a reference? Yes No

Company: _____ Phone _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous Supervisor for a reference? Yes No

Company: _____ Phone _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous Supervisor for a reference? Yes No

Company: _____ Phone _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

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From: _____ To: _____ Reason for Leaving: _____

May we contact your previous Supervisor for a reference?

Yes

No

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____