



ST. # 2003  
909 Jet Drive  
Midwest City, Ok 73110  
405-741-6941

## EMPLOYMENT APPLICATION

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Desired Pay: \_\_\_\_\_

When Can You Begin Work: \_\_\_\_\_ DOB: \_\_\_\_\_

Education: \_\_\_\_\_ Name of School/City/ST \_\_\_\_\_ No. of years Completed \_\_\_\_\_ Diploma or Degree?

Type of School \_\_\_\_\_

High School \_\_\_\_\_

College or Trade \_\_\_\_\_

Professional \_\_\_\_\_

Other \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Do You have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License #: \_\_\_\_\_ St. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you had any accidents in the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had any moving violations in the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_



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**EQUAL OPPORTUNITY EMPLOYER**

**Employment History:**

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment-- Started: \_\_\_\_\_ Ended: \_\_\_\_\_  
Salary-- Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for leaving (Please be specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment-- Started: \_\_\_\_\_ Ended: \_\_\_\_\_  
Salary-- Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for leaving (Please be specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment-- Started: \_\_\_\_\_ Ended: \_\_\_\_\_  
Salary-- Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for leaving (Please be specific) \_\_\_\_\_  
\_\_\_\_\_  
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May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_



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References:

Name:	Address or Phone	Business	Years Known
1.			
2.			
3.			

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**REMARKS**

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Neatness \_\_\_\_\_ Character \_\_\_\_\_

Personality \_\_\_\_\_ Ability \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_