



Application For Employment

Community Health Centers of Oklahoma (CHC) is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, color, gender, religion, national origin, disability and prohibits discrimination based on age (According to Public Law 90-202 Reference ADA of 1992). All sites of CHC operations will maintain a DRUG FREE AND SMOKE FREE ENVIRONMENT.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL

Last: _____ First: _____ Middle: _____ Today's Date: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Best Contact #: (_____) _____

If you worked in any of your previous positions under another name, please give that name: _____

Are you a citizen of the U.S.? Yes _____ No _____. If you checked No, are you legally authorized to work in the U.S.? Yes _____ No _____

EMPLOYMENT DESIRED

Full-time _____ Part-time _____ Temporary _____ Summer _____

Position Applied For: _____ Salary Desired: _____ Available Start Date: _____

Are you willing to accept the salary quoted? Yes _____ No _____ N/A _____

Have you previously applied for employment at CHC? Yes _____ No _____. If Yes, indicate when you applied and what position(s) you applied for: _____

Have you previously been employed at CHC? Yes _____ No _____. If Yes, indicate when you worked and what position(s) you held: _____

How did you hear about this position: _____

Are there any days or hours that you would be unable or unwilling to work? Yes _____ No _____. If yes, please specify those days or hours you would be unable or unwilling to work: _____

EDUCATION

NAME / CITY / STATE

High School _____ _____ / _____	_____ _____ _____	Yes ___ No ___	
GED _____ _____ / _____	From: _____ To: _____	Yes ___ No ___	Main Courses Studied _____ Degree: _____
College _____ _____ / _____	From: _____ To: _____	Yes ___ No ___	Main Courses Studied _____ Degree: _____
Vocational / Technical / Trade School _____ _____ / _____	From: _____ To: _____	Yes ___ No ___	Certificate / Diploma _____ Degree: _____

If you did not graduate, why did you leave high school, college, vocational, technical or trade school? _____

Are you planning to pursue further studies? Yes ___ No ___ If so...When? _____ Where? _____

What Courses? _____

List any scholastic honors, offices held, and activities involved in during high school and/or college: _____

List and describe any other specialized training: _____

Have you ever been convicted of a criminal act (other than a misdemeanor)? Yes ___ No ___ If Yes, please explain: _____

Are you willing to abide by the safety rules of CHC (in compliance with OSHA regulations)? Yes ___ No ___

Are you willing to take a physical exam and a drug screening? Yes ___ No ___

LICENSURE (Professional, If Applicable): _____

_____ List current professional registration/license number: _____ State of Licensure: _____

_____ Issue Date: _____ Expiration Date: _____

If you do not have Oklahoma professional licensure/registration, have you applied for one? Yes ___ No ___

If Yes, Date Applied: _____

MILITARY: Have you ever served in the military? Yes ___ No ___ If Yes, What Service Branch: _____

_____ Date Entered _____ Date Separated _____ Final Rank _____ Type of Discharge _____

WORK HISTORY

List names of employers with PRESENT or MOST RECENT employer FIRST. Account for all periods of time including military service and any periods of unemployment in the last TEN (10) years. If self employed, give full name.

If you are presently employed, may we contact your present employer? Yes _____ No _____

Name of Employer: _____ Address - City/State/Zip: _____	Name & Title of Last Supervisor: _____ _____	Dates Employed From: Mo _____ Year _____ To: Mo _____ Year _____	Pay Starting: \$ _____ Ending: \$ _____
Nature of Business: _____ Telephone: Area Code (_____) _____	Job Title: _____ Reason for Leaving: _____		

Job Duties: _____

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Job Duties: _____

SPECIAL SKILLS

Do you type? Yes ____ No ____ Words per Minute ____ Do you have computer skills? Yes ____ No ____

If yes, please describe or list computer applications that you know _____

Do you speak a language other than English? Yes ____ No ____ If yes, what language(s) _____

Do you know medical terminology? Yes ____ No ____

Describe why you are interested in working for CHC and list those skills and abilities which you feel qualify you for a position with this agency. If you need more space, please continue on a separate sheet: _____

REFERENCES - Give at least three references, NOT relatives or former employers.

NAME	CITY/STATE	HOME PHONE	DAY PHONE	OCCUPATION

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without any intentional omissions. I understand that any misleading or incorrect statements shall render this application void. If employed, it will be cause for my termination. I agree that Community Health Centers of Oklahoma (CHC) shall not be liable, in any respect, if my employment is terminated because of intentional falsification of statements, answers or omissions made by me in this questionnaire. I further understand that no person is authorized to enter into any written or verbal employment contract on behalf of CHC without the express written consent of the Chief Executive Officer.

Printed Name: _____ Signature: _____ Date: _____

COMMUNITY HEALTH CENTERS OF OKLAHOMA - COMPANY USE ONLY

Interview by: _____ Remarks: _____

Is the operation of company vehicle a job requirement? Yes ____ No ____

Is the use of personal vehicle a job requirement? Yes ____ No ____

If yes to either above questions, has a request for driver's record been made? Yes ____ No ____

APPROVAL OF CHIEF EXECUTIVE OFFICER: _____

COMMUNITY HEALTH CENTERS OF OKLAHOMA

12716 N.E. 36th Street, Spencer, OK 73084 ~ P.O. Box 30589, Oklahoma City, OK 73140

EMPLOYMENT REFERENCE AUTHORIZATION

(TO RELEASE REFERENCE INFORMATION)

Please verify former/current employment of the following applicant that has applied for a position with Community Health Centers of Oklahoma. The applicant has given signed consent for this confidential employment verification/release of reference information. We appreciate your immediate response.

TO BE COMPLETED BY FORMER / CURRENT EMPLOYER

Applicant Name: _____

Dates Employed

Company Name: _____

From: _____ To: _____
Month/Year Month/Year

Position/Title: _____

Supervisor Name: _____

Supervisor Job Title: _____

Do your records agree with the above information provided by the applicant? Yes No

If No, please provide accurate information: _____

Was applicant eligible for re-hire? Yes No

Reason for leaving: _____

Other pertinent information: _____

Outstanding

Very Good

Good

Fair

Poor

	Outstanding	Very Good	Good	Fair	Poor
Job Knowledge					
Job Performance					
Initiative					
Judgment					
Cooperation					
Dependability					

Supervisor Signature: _____ Supervisor Job Title : _____ Date: _____

APPLICANT: PLEASE ONLY SIGN & DATE BOTTOM OF THIS PAGE

I hereby authorize the release of my personnel records and related information, to Community Health Centers of Oklahoma, and do hereby unconditionally release the organization from all liability and any damage whatsoever resulting from furnishing same.

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____