

## **Employment Application**

APPLICANT	INFORMATION	l													
Last Name				F	First					M.I.	Date	9			
Street Address											Apartment/	Unit #			
City					State						ZIP				
Phone					E-mail Address										
Date Available Social Sec				ecurit	curity No. Des					sired Salary					
Position Applied	d for									•					
Are you a citizen of the United States? YES NO					If no, are you authorized to work in the U.S.? YES NO								O 🗆		
Have you ever worked for this company? YES					NO   If so, when?										
Have you ever been charged or convicted of a crime?					If yes, explain										
Do you have any military experience?						☐ If yes, explain									
EDUCATION															
High School			Add	dress											
From	n To Did you graduate? Yf			YES	5 🗌	NO Degree									
College				Add	dress										
From	From To Did you graduate?			YES	5 🗆	NO  Degree									
Other Addi					dress										
From	om To Did you graduate? YE			YES	5 🗆	NO Degree									
	_														
Please list three		ancac													
Please list three professional references.  Full Name							Relationship								
Company							Phone ( )								
Address															
Full Name							Rel	ations	hip						
Company							Phone ( )								
Address									<u> </u>						
Full Name							Rel	ations	hip						
Company							Pho	one	(	)					
Address															

Office: (918) 794-7003 Fax: (918) 794-7041



PREVIOUS EM	PLOYMENT								
Company			Phone ( )						
Address		Supervisor							
Job Title		\$		Ending Salary \$					
Responsibilities			•						
From	То	Reason for Leaving	3						
May we contact your previous supervisor for a reference? YES NO									
Company			Phone ( )						
Address		Supervisor							
Job Title	Job Title Starting Salary				Ending Salary \$				
Responsibilities									
From	То	Reason for Leaving							
May we contact your previous supervisor for a reference? YES NO									
Company			Phone ( )						
Address			Supervisor						
Job Title		\$	\$ Ending Salary \$						
Responsibilities									
From	То	Reason for Leaving							
May we contact your previous supervisor for a reference? YES NO									
MISCELLANEO	US								
CLEET LICENSE #				EXPIRA	ATION DATE				
DRIVERS LICENSE	: #			EXPIRATION DATE					
EMERGENCY CONTACT NAME									
PHONE ALTERNATE NUMBER									
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				

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