



EMPLOYMENT APPLICATION

P. O. Box 880
 4457 W. 151st Street South
 Kiefer, OK 74041
PH: 918-321-3330 **FAX:** 918-321-3099

Position applying for: _____
 Minimum salary required: (monthly) _____ (hourly) _____

EMPLOYEE INFORMATION

Name: _____
 (Last) (First) (Middle)

Telephone: _____ Email: _____ Alternate telephone: _____

Address: _____
 (Street) (City) (State) (Zip Code)

I am legally eligible for employment in the U.S.? Yes No

If necessary for the job are you older than:
 18 21

Have you previously applied for employment at this Company?
 Yes No If so, When? _____

Have you previously been employed by this Company? Yes No

Do you have commitments to another employer which might affect employment with us? Yes No

I am seeking a permanent position: Yes No

Full time work: Part time work:

If necessary for the job, I am able to:

Work overtime? Yes No

Provide a valid Driver's License? Yes No

If so, fill out the following: Issuing State: _____

Has your license ever been revoked? Yes No

If yes, Why? _____

Work the following shifts: (check all that apply)

Any Day Night Swing

I am able to report to work ____ days after being notified I am hired.

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:			
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:			
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:			
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$	Supervisor:	Telephone:	
Per:			

EDUCATION

	Institution name	Years completed	Field of study	Graduate or degree
High school				
College/university				
Business/technical				
Additional				

MILITARY

Are you a veteran? Yes No What Branch _____ Rank at Separation _____

Duty/specialized training: _____

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known

INFORMATION TO THE APPLICANT

Should I be employed by the Company, I agree to conform to the Company's rules and regulations, and AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR MYSELF.

I agree that the information provided on this application is true and complete to the best of my knowledge and AGREE THAT FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR TERMINATION IF DISCOVERED AT A LATER DATE.

I authorize persons, schools; current employer and previous employers and organizations named in this application to provide the Company with any relevant information that might be required. I further release all parties providing information from any and all liability and claims for damages whatsoever that may result from this information's release, disclosure, maintenance, or use.

This application has been read by me in its entirety.

Signature of Applicant

Date

This application will be considered only for employment purposes by the Company for a period of ninety (90) days from this application's date, after which a new application must be completed and filed.