



HEALTH & WELLNESS CENTER

Employment Application

We consider applicants for all positions without regards to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap or any other legally protected status.

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address						Apartment/Unit #			
City			State			ZIP			
Phone			Social Security						
Date Available			Position Applied for			Can you travel if required?			
Available to work?		Full Time	Part Time	Shift Work	Temporary		How did you learn about us?		
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 filed an application with this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Are you currently employed?		YES	NO	May we contact your present employer?		YES	NO		
EDUCATION									
High School			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES									
<i>Please list three professional references.</i>									
Full Name					Relationship				
Company					Phone ()				
Address									
Full Name					Relationship				
Company					Phone ()				
Address									
Full Name					Relationship				
Company					Phone ()				
Address									

PREVIOUS EMPLOYMENT

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

Special Skills and Qualifications:

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
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AUTHORIZATION FOR BACKGROUND INVESTIGATION

I _____, understand that I may be employed by the Health & Wellness Center, subject to a thorough background investigation and a report from the Oklahoma State Bureau of Investigation stating that I have no felony or misdemeanor charges against me except for misdemeanor traffic violations.

I understand that the purpose of the investigation is to reduce the potential for abuse, neglect or explanation of service recipients.

I understand I may not be employed if the investigations do not meet HWC's contract guidelines.

I also authorize the Health & Wellness Center to contact any of my previous employers and I will hold harmless of any statement made against me concerning my previous work history.

Applicant

Date



The Health & Wellness Center strives to comply with all Federal record keeping requirements to ensure equal employment opportunities for all job applicants. As part of our compliance efforts, we are requesting the following demographic information. **Completion of this form is voluntary and anonymous. You do not have to complete this form to be considered for employment with HWC.** All information provided is confidential and will not be used to make any employment decisions. Thank you for your time and consideration.

Date: _____

Position(s) Applied for:

Gender (check one): Male Female

Race (check all that apply):*

White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
 Asian or Pacific Islander American Indian or Alaskan Native

Are you a veteran of the armed forces? (at least 179 days of active service, excluding training)
 Yes No

If yes, please answer the following:

Branch of Service _____

Dates of Service _____

Campaign Badge(s) or Ribbon(s) received? Yes No

If yes, name of Operations/Campaigns: _____

*Race/Ethnic Identification based on Equal Employment Opportunity Commission designations.