



STIGLER HEALTH & WELLNESS CENTER, INC.
EMPLOYMENT APPLICATION

SHWC, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. You **must** specify the position in which you are applying. Any application found to be incomplete will be discarded. This application will be considered active for the position applied for 90 days following receipt. Consideration for employment after 90 days requires a new application.

Personal Data

Last _____ First Name _____ Middle _____ Suffix _____

Have you used other names? Yes No If yes, please list _____

Home Address _____ City _____ State _____ Zip _____

Home _____ Mobile _____ Email _____

Date Available _____ Position Applied For (*please specify*) _____

Available to work? Full Time Part Time Shift Work Temporary Can you travel if required? Yes No

Are you 18 yrs of age or older? Yes No If under 18, can you, upon employment, submit a work permit? Yes No

Have you previously applied for a position with our company? Yes No If yes, when? _____

Have you been previously employed with our company? Yes No If yes, when? _____

Do you have any relatives working within our company? Yes No If yes, whom? _____

Are you legally authorized to work in the U.S.? Yes No
(If offered employment, you will be required to provide documentation to verify eligibility.)

Have you ever been convicted of a felony? Yes No If yes, explain _____

Are you currently employed? Yes No May we contact your present employer? Yes No

How did you learn about us? _____ If referred, provide name of individual _____

Education (*Please list all, beginning with the most recent.*)

High School _____

City _____ State _____ Dates attended **From** (Mo./Yr.) _____ **To** (Mo./Yr.) _____

Did you graduate? Yes No Degree Awarded _____

College/University _____

City _____ State _____ Dates attended **From** (Mo./Yr.) _____ **To** (Mo./Yr.) _____

Did you graduate? Yes No Degree Awarded _____

Education *(continued)*

Other _____

City _____ State _____ Dates attended **From** (Mo./Yr.) _____ **To** (Mo./Yr.) _____

Did you graduate? Yes No Degree Awarded _____

Employment History

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

Employer _____

Address _____ Phone _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Date of Hire (Mo./Yr.) _____ Date Separated (Mo./Yr.) _____

Job Title _____ Supervisor _____

Duties _____

Reason for Leaving _____ May we contact this employer? Yes No

Employer _____

Address _____ Phone _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Date of Hire (Mo./Yr.) _____ Date Separated (Mo./Yr.) _____

Job Title _____ Supervisor _____

Duties _____

Reason for Leaving _____ May we contact this employer? Yes No

Employer _____

Address _____ Phone _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Date of Hire (Mo./Yr.) _____ Date Separated (Mo./Yr.) _____

Job Title _____ Supervisor _____

Duties _____

Reason for Leaving _____ May we contact this employer? Yes No

Military Service

List all state professional licenses/certifications, past and present. If necessary, attach a separate sheet. Please submit a copy of your original, current Oklahoma license with this application.

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable discharge, explain _____

Professional References

Give names of at least three persons who have experience in observing and working with you and who can provide adequate references pertaining to your professional competence, moral integrity, character, and ethics.

Name _____ Title _____

Organization _____ Length of Time Known _____

Phone _____ Fax _____ Email _____

Name _____ Title _____

Organization _____ Length of Time Known _____

Phone _____ Fax _____ Email _____

Name _____ Title _____

Organization _____ Length of Time Known _____

Phone _____ Fax _____ Email _____

Disclaimer and Signature

I certify that the above answers are all accurate and complete to the best of my knowledge. If this application leads to employment, I understand that any significant misstatements in or omissions from this application or in my interview may result in my dismissal from Stigler Health & Wellness Center, Inc.

Signature _____ Date _____



AUTHORIZATION FOR BACKGROUND INVESTIGATION

I, _____, understand that I may be employed by Stigler Health & Wellness Center, Inc. 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 exploitation of service recipients.

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

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

Signature

Date