



APPLICATION FOR EMPLOYMENT

207 E. F St. • PO Box 489
 Okeene, OK 73763
 Telephone: 580.822.4417
 Fax: 580.822.3018
 www.okeenehospital.com

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital status, veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL *(Please Print)* Date _____

Name _____ Soc. Sec. # _____
(First) (Last) (Middle Initial)

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

Home Phone _____ Cell Phone _____ Email _____

Referred by: () Advertisement () Friend () Relative () Other _____

Are you over 18 years of age? () Yes () No If No, a work permit will be required.

Are you legally eligible for employment in the United States? () Yes () No (If hired, verification will be required by law.)

Position(s) applied for _____

If part-time, list days/hours available _____

Date you are available to start work: _____ Have you worked for us before? _____ If yes, when? _____

Indicate any special qualifications or skills _____

Certifications/Licensures(please include no.) _____

EDUCATION	Name & location of school	Course of Study	Years Completed	Did you graduate?
Elementary				
High School				
College		Major: Degree:		
Other				

Are you employed at the present time? () Yes () No If hired, will you work overtime if required? () Yes () No

Have you ever been convicted of a felony? () Yes () No If yes, please explain: _____
 (Conviction will not necessarily disqualify an applicant from employment)

PERSONAL REFERENCES

Name	Address	Years Known	Telephone

MILITARY SERVICE

Branch of Service _____ Years _____ Rank & Duties _____ Discharge Date _____



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PRIOR EMPLOYMENT

(Start with most recent employer)

Employer:	Phone:	From:	To:
Address:	City, State, Zip:	Position:	
Duties:		Supervisor's Name:	
		Starting Wage:	
Reason for Leaving:		Final Wage:	

Employer:	Phone:	From:	To:
Address:	City, State, Zip:	Position:	
Duties:		Supervisor's Name:	
		Starting Wage:	
Reason for Leaving:		Final Wage:	

Employer:	Phone:	From:	To:
Address:	City, State, Zip:	Position:	
Duties:		Supervisor's Name:	
		Starting Wage:	
Reason for Leaving:		Final Wage:	

The above information is true and complete to the best of my knowledge. Should I be employed by the Hospital, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Hospital has my permission to obtain all necessary information for the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information contained in any reports furnished to the Hospital.

I understand this application does not constitute any employment contract of any kind. Should I be employed by the Hospital, I may resign such employment at any time at my discretion with or without prior notice and the Hospital may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

Date: _____ Signature of Applicant _____

----- PLEASE DO NOT WRITE BELOW THIS LINE-----

Summary of Interview: _____

Acceptance for employment: () Yes () No Position: _____

Starting Rate \$ _____ per () Hour () Week Scheduled to Start Work: _____

Interviewed by: _____ Date: _____

Approved by: _____ Date: _____