



## 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 no 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.

I give permission to contact my current &/or past employer for reference information ( ) Yes ( ) No

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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

Summary of Interview: \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_ Desired Employment Status: ( ) Full Time ( ) Part Time ( ) FLEX **AND** ( ) Ins ( ) PTO/EIB

Interviewed By/Discussed Official Job Description: \_\_\_\_\_ Date: \_\_\_\_\_

Starting Rate \$ \_\_\_\_\_ ( ) per Hour ( ) Salary

CEO Initials: \_\_\_\_\_ Offer of Employment Made - Date: \_\_\_\_\_

Date of DS Taken: \_\_\_\_\_ Date of DS Results: \_\_\_\_\_ CEO Initials: \_\_\_\_\_

Date of Reference Check: \_\_\_\_\_ Date of Background Check: \_\_\_\_\_ HR Initials: \_\_\_\_\_

Acceptance for employment: ( ) Yes ( ) No

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_