

OKLAHOMA ENVIRONMENTAL MANAGEMENT AUTHORITY



Name _____ Home Phone _____
Last First Middle

Cell Phone _____ E-Mail Address _____

Present Address _____
No. Street City State Zip

How long have you resided at this address? _____ Are you 18 or older? YES NO

Are you a U.S. Citizen or have the legal right to work in the United States? YES NO

Do you have the ability, with or without reasonable accommodations, to work overtime if overtime is required by the job for which you are applying? YES NO

If No, Please explain _____

Drivers License: State _____ Type _____ Currently Valid? YES NO

Position applied for _____ Salary Desired _____

Date available to start _____ Have you ever applied here before? YES NO

Have you ever worked here before? YES NO If yes, please state when _____

Are there any days you would be unable or unwilling to work? YES NO

If YES, please specify _____

Would you be willing and able to perform all of the tasks required by the job you are applying for? YES NO
If not, explain which tasks _____

Have you filed any type of fraudulent claim against any of your present or past employers? YES NO
If YES, please explain _____

Will you abide by the safety rules of this company? YES NO

Have you ever been disciplined for violating company safety rules or regulations YES NO
If YES, please explain _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? YES NO

If YES, please explain _____

Have you ever been fired or asked to resign from a job? YES NO If YES, please explain _____



EDUCATION

Name and Location	Graduate?
High School/GED	
Select highest Grade completed	
9 10 11 12	YES NO

College	
Select number of years completed	
1 2 3 4 4+	YES NO

WORK HISTORY

Employer: _____ From: _____
 Address: _____ To: _____
 Supervisor: _____ Phone number: _____
 Job Title: _____ Start Salary: _____ End Salary: _____
 Description of Work Performed: _____
 Reason for Leaving: _____
 May we contact this employer? YES NO

Next or last employment:

Employer: _____ From: _____
 Address: _____ To: _____
 Supervisor: _____ Phone number: _____
 Job Title: _____ Start Salary: _____ End Salary: _____
 Description of Work Performed: _____
 Reason for Leaving: _____
 May we contact this employer? YES NO

Next or last employment:

Employer: _____ From: _____
 Address: _____ To: _____
 Supervisor: _____ Phone number: _____
 Job Title: _____ Start Salary: _____ End Salary: _____
 Description of Work Performed: _____
 Reason for Leaving: _____
 May we contact this employer? YES NO



MILITARY

Have you ever served in the military? YES NO Service Branch: _____
What duties, training or experience did you have while in the military which may be job related?

REFERENCES

Give three references, not relatives or former employers

NAME	ADDRESS	PHONE	OCCUPATION
1. _____			
2. _____			
3. _____			

Affidavit

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, education, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I Hereby waive my right to bring any cause of action against these individuals for libel, slander, defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I also acknowledge that, if I am employed, it is my affirmative responsibility to report to management any evidence of sexual or other illegal forms of harassment immediately. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the General Manager of the Company. I also understand that my employment is at-will and may terminated by myself or by the Company at any time for any reason or no reason at all, with or without prior notice.

Printed Name _____

Signature _____

Date _____