## **BIG FIVE COMMUNITY SERVICES, INC.**

(A Community Action Agency) 1502 North 1st Ave. DURANT, OKLAHOMA 74701 Phone (580) 924-5331 • FAX (580-920-0007

	D. 54.0					I FOR EMP			Date:			
	PLEAS	E PRINT	OR TY	PE. API	PLICATI	ONS MUST BE	COMPLE	ETE AN	D LEGIBLE			
NAME	(Last)		(First)			(Middle)	SOCIA	L SECU	RITY NO.			
NAAH INIC A			(*)			(			DUONE			
MAILING A	(Street)				(City)	(St	ate)	(Zip)	PHONE			
List any o	other names used if differ	ent fro	m nan	ne on t	his ann	lication:						
List urry c	A SEPARATE API						P EVCP	I DOSI	TION ADDITED			
List exact l	ocation and title of position		_			MPLLILD FO	N LACI	1 1031	TION APPLILL	<del>) FOR</del>		
	n is incomplete and will not		•			t blank.						
Do you ha	ve any relatives working for	the Con	npany?	If so, lis	st name	s and relations	ships:					
☐ Full-Tin	ne 🔲 Part-Time	!		☐ Sun	nmer							
What is yo	our wage/salary expectation	?				D	ate Avai	lable fo	or Work?			
What days	and hours are you available	to wor	k?									
☐ Monda	•			☐ Wednesday			☐ Thursday			☐ Friday		
□ Saturday				·			. □ Sunday					
Current Dr	river's License # (if required	for posit	ion)									
		_				(State)	(Numbe	r)				
	al Driver's License	☐ Yes			No					_		
=	ever been convicted of a feld	-	-			=		-				
	No If you answer is "Yes," of location of the court, and the	-				-						
	may disqualify you from em	-				de to the requ	ii ciiiciic.	3 01 001	government rai	iuiiig ageiits,	arry relotity	
	Note: Applicants may be re	<del>-</del>	-			oma, degree, t			T		20: /	
Type of School	Name and Location of		Dates Attended om To		Did You	Date Graduated		Sem/Clock Hours	Type of Diploma or	Major / Minor		
3611001	School		1			Graduate			Completed	Degree	Fields of	
High School		Mo.	Yr.	Mo.	Yr		Mo.	Yr			Study	
HIGH SCHOOL												
Colleges or Universities												
Technical, Vocation, or												
Business		<del>                                     </del>										
Schools		Ī	Ī		Ī		I			1		

-	_	_			-		ng or skills you posses quipment, types of so		nachines or officer equipr and hardware.	ment you can us	e,	
(Attach	addition	nal page	if neces	sary.)								
Certific	ations:											
-		-				=			block for each position. In all page if necessary.)	ist first your pre	esent	
If you a		ently em	ployed,	may we	contac	t your current	☐ Yes		□ No			
Position	n Title:								Immediate Supervisor	Full Time		
Employ	er:								Name:	Part-Time		
Mailing	Address	s: Citv ar	nd State	/Zip						Summer		
		•		•					Tialo			
	er's Tele arting Da			aving Da	ate	Current/Final	Technical		Title Supervisor's Telephone	- 1.7 -7		
Ma	Day	Vs		Day	.,	Salary	Nan Managarial		No.	hours worked per week if part-time		
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-Managerial		If supervisory, number of employees you			
						\$	Supervisory/ Managerial		supervised:			
Summa	ry of Exp	perience	<u>:</u>			l	Inviditagerial	<u> </u>		<u> </u>		
Specific Reason for Leaving:							Person Contacted:					
							Result:					
Position Title:									Immediate Supervisor Name:	Full Time		
Employer:									ivaine.	Part-Time		
Mailing	Address	s: City ar	nd State,	/Zip						Summer		
Employ	er's Tele	ephone I	No.						Title	Temp/Project		
Starting Date Leaving Date			Current/Final	Technical		Supervisor's Telephone	Give average # of					
Mo.	Day	Yr.	Mo.	Day	Yr.	Salary	Non-Managerial		No. If supervisory, number	hours worked p week if part-tir		
							Supervisory/		of employees you supervised:			
_						\$	Managerial		superviseu.			
Summa	ry of Exp	perience	2:									
Specific	Reason	for Leav	ving:				Person Contacted:					
							Result:					

last em	ployer a	nd work	back. <i>I</i>	Account	for all p	eriods of unemp	loyment. (Attach ad	ditional	page if necessary.)				
Position	n Title:								Immediate Supervisor	Full Time			
Employ	er:					Name:	Part-Time						
Mailing	Address	s: City aı	nd State	/Zip						Summer			
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Mo.	Day	Yr.	Ma	Day	Yr.	Salary	Non-Managerial	<del>                                     </del>	No.	hours worked per			
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Position	n Title:						Immediate Supervisor Name:			Full Time			
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Mailing	Address	s: City aı	nd State	/Zip						Summer			
Employ	er's Tele	ephone I	No.						Title	Temp/Project			
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Specific Reason for Leaving:							Person Contacted:						
							Result:						
Give at	least thi	ree refei	ences o	ther tha	n relativ	ves or supervisor	rs listed above.						
											Known how		
Name Telephone							Organization Relationship lor						
							<u> </u>			<u> </u>			

It is important for you to furnish a detailed statement of your work history. Use a separate block for each position. List first your present or

## PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

- 1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire, or, if hired, for immediate termination.
- 2. I understand that this application is considered current only during the period that the current job opening exists. To be considered for later employment a new application must be submitted in person and in writing when a job for which you wish to be considered is advertised.
  - I understand that if I am selected for employment additional information may be required by state or federal laws or regulations. I understand that compliance with the agency's Personnel Policies and Procedures and the agency's Drug Free Work Place and Testing Policy are conditions of continued employment.
- 3. I understand that if hired, my employment would be an at-will relationship, which means it could be terminated, with or without notice at any time, by me or by my employer, for any reason or for no reason at all, but not for an illegal reason.
- 4. I also certify that no supervisor, manager, or representative of the Company, has made promises to me that would create a contract between the Company and me, or has made promises that would in any way alter the at-will relationship.
- 5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information that they might have, personal or otherwise, with regard to any other subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
- 6. I understand that Big Five Community Services, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.
- 7. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete a I-9 Form in this regard.
- 8. I understand that I may be offered employment, conditional upon satisfactory completion of a thorough background investigation and/or drug screen. If offered employment with Big Five Community Services, Inc., I agree to participate in this process. I also understand that refusal to participate in any part of the background investigation process may result in disqualification from consideration or employment or withdrawal of a conditional offer if one has been made.

THIS APPLICATION MUST BE SIGNED		
	Signature of Applicant	Date