



Oklahoma City Indian Clinic
 4913 West Reno
 Oklahoma City, OK 73127
 Telephone: (405) 948-4900 ext. X220
 Fax: (405) 948-4927

Application For Employment

Personal Information

| | | |
|--|--|--|
| Name: | | Date: |
| Other Names Used: | | |
| Social Security Number: | | Driver's License Number: |
| Home Address: | | |
| City, State, Zip: | | |
| Permanent Address (if different from above): | | |
| City, State, Zip: | | |
| Home Phone: | | Business Phone: |
| Cell Phone: | | |
| Are you Native American? If so, please list tribal affiliation and provide a copy of your CDIB card. | | Are you related to anyone employed at the Clinic? If so, to whom are you related and what is the relationship? |
| Are you currently employed? | | May we contact your current employer? |
| Have you filed an application before? | | If so, when? |
| Are you a U.S. Citizen? | | Are you authorized to work in the United States? |
| Have you been convicted of a felony? If so, please provide details. | | |

Position Applying For

| | | |
|--------------|------------|--|
| Title: | | Salary Desired: |
| Full-time? | Part-Time? | If part-time, hours available to work? |
| Referred by: | | Date Available: |

Education

| | |
|----------------------------------|----------------|
| High School (Name, City, State): | |
| Did you graduate? | |
| Business or Technical School: | |
| Dates Attended: | Degree, Major: |
| Undergraduate College: | |
| Dates Attended: | Degree, Major: |
| Graduate School: | |
| Dates Attended: | Degree, Major: |

References; Please give the name of three persons, not related to you, whom you have known at least one year. References will be verified.

| | |
|-----------------|--------------------------|
| Name: | Phone: |
| Address: | Years Acquainted: |
| Name: | Phone: |
| Address: | Years Acquainted: |
| Name: | Phone: |
| Address: | Years Acquainted: |

Former Employers

List your last 3 employers, beginning with the most recent. Employment history will be verified.

| | | |
|----------------------------|-----------------------|-----------------------|
| Employer #1 | Employed From: | Work Performed |
| | To: | |
| Address: | Salary From: | |
| | To: | |
| Telephone: | Supervisor: | |
| Position: | | |
| Reason for Leaving: | | |
| Employer #2 | | |
| Employer #2 | Employed From: | Work Performed |
| | To: | |
| Address: | Salary From: | |
| | To: | |
| Telephone: | Supervisor: | |
| Position: | | |
| Reason for Leaving: | | |
| Employer #3 | | |
| Employer #3 | Employed From: | Work Performed |
| | To: | |
| Address: | Salary From: | |
| | To: | |
| Telephone: | Supervisor: | |
| Position: | | |
| Reason for Leaving: | | |

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. In accordance with P.L. 101-647, 45 CFR Part 36, Indian Child Protection and Family Violence Protection Act Minimum Standards of Character, I authorize the Oklahoma City Indian Clinic to conduct a criminal history background check and other pertinent background checks. I understand I have a right to challenge the accuracy and completeness of any information contained in the report.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer 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 a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

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 an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

Applicant's Signature

Date

I acknowledge that I have reviewed a copy of the Oklahoma City Indian Clinic's Policy 5-17. Drug and Alcohol Abuse and Testing.

Applicant's Signature

Date