

Application For Employment



Oklahoma City Indian Clinic

4913 West Reno

Oklahoma City, OK 73127

Telephone: (405) 948-4900

Fax: (405) 948-4927

Personal Information

Name:		Date:	
Other Names Used:			
Social Security Number:		Drivers License Number:	
Home Address:			
City, State, Zip:			
Permanent Address (If different than above):			
City, State, Zip:			
Home Phone:		Business Phone:	
Cell Phone:			
Are you Native American? If so, list tribal affiliation and provide a copy of your CDIB card.		Are you related to anyone employed at the clinic? If so, whom are you related, and what is the relationship?	
Are you currently employed?		May we contact your employer?	
Have you submitted an application here before? If yes, give dates and positions:			
Have you been employed here before? If yes, give dates: From ___/___/___ To ___/___/___			
Have you been convicted of a felony or misdemeanor? 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:

Degree, Major:

Undergraduate College:

Degree, Major:

Graduate School:

Degree, Major:

References

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

Applicant's Statement

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 that 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, resumé, 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.

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 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.

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 Signature

Date

The Oklahoma City Indian Clinic is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, OKCIC invites employees and applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only.

Please return completed forms to the Human Resources Department.

PLEASE PRINT

Name: _____

Job Title: _____

GENDER:

(Please check one of the options below)

Male

Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above five races.

I choose not to identify race/ethnicity

Date completed: _____

Thank you for your participation.