

APPLICATION FOR EMPLOYMENT



Green Country Behavioral Health Services, Inc.
619 N Main Street
Muskogee, OK 74401
Phone: 918.682.8407
Fax: 918.682.8760

We consider an applicant for all positions without regard to race, religion, color, age, ethnicity, culture, national origin, disability, sex, marital, genetic information, veteran preference, the presence of a non-job related medical condition or handicap, or any other legally protected status.

PRE-EMPLOYMENT INQUIRY

INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED FOR EMPLOYMENT
READ CAREFULLY – INSTRUCTIONS AND INFORMATION

May we contact your present employer? Yes No

(PLEASE PRINT)

POSITION APPLIED FOR			DATE OF APPLICATION	
NAME - FIRST, MIDDLE, LAST			PREVIOUS LAST NAME	
ADDRESS	CITY	STATE	ZIP	
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS)	CITY	STATE	ZIP	
TELEPHONE NUMBER (S) HOME	CELL	E-MAIL ADDRESS		
HAVE YOU EVER WORKED FOR GCBHS OR MCHS? NO YES <input type="checkbox"/> <input type="checkbox"/>	IF YES, WHEN?	FRIENDS OR RELATIVES NAME WHOM ARE EMPLOYED AT GCBHS OR MCHS:	RELATIONSHIP OF EMPLOYEE TO APPLICANT:	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? NOTE: Conviction will not necessarily disqualify an applicant <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, explain and attach statement if necessary.				
DO YOU SPEAK, WRITE OR UNDERSTAND ANY FOREIGN LANGUAGES? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, what language(s) and how fluent of a speaker you consider yourself to be.			SALARY RANGE DESIRED	
DO YOU PRESENTLY HAVE A DRIVER'S LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES	STATE	DRIVER'S LICENSE NUMBER	EXPIRATION	
TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Contract	IF PART-TIME, GIVE DAYS AND HOURS OF AVAILABILITY	EARLIEST DATE AVAILABLE		
WOULD YOU BE WILLING TO WORK ANOTHER JOB, IF QUALIFIED? <input type="checkbox"/> NO <input type="checkbox"/> YES				

LICENSURE

STATE	DATE ISSUED	ANNUAL CARD NO.	REGISTRY NO.	<input type="checkbox"/> RECIPROCITY <input type="checkbox"/> EXAMINATION
STATE	DATE ISSUED	ANNUAL CARD NO.	REGISTRY NO.	<input type="checkbox"/> RECIPROCITY <input type="checkbox"/> EXAMINATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

LIST ALL SCHOOLS ATTENDED	NAME AND ADDRESS OF SCHOOL	GRADUATED Yes/ No	TYPE OF DEGREE AND MAJOR
High School			
Trade School			
College/ University			
Graduate School			

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, gender, national origin, handicap, or other protected status.

DATES		NAME OF EMPLOYER	PHONE	POSITION HELD
FROM	MO.	ADDRESS	SALARY	WORK PERFORMED
	YR.	CITY, STATE, ZIP	STARTING \$	
TO	MO.	NAME OF SUPERVISOR	FINAL \$	
	YR.	TITLE OF SUPERVISOR	REASON FOR LEAVING	

DATES		NAME OF EMPLOYER	PHONE	POSITION HELD
FROM	MO.	ADDRESS	SALARY	WORK PERFORMED
	YR.	CITY, STATE, ZIP	STARTING \$	
TO	MO.	NAME OF SUPERVISOR	FINAL \$	
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FROM	MO.	ADDRESS	SALARY	WORK PERFORMED
	YR.	CITY, STATE, ZIP	STARTING \$	
TO	MO.	NAME OF SUPERVISOR	FINAL \$	
	YR.	TITLE OF SUPERVISOR	REASON FOR LEAVING	

IF YOU REQUIRE ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

PERSONAL REFERENCE

Give name, address, and **day-time** telephone number (s) of three references who are not related to you and are not previous employers.

NAME	PRESENT ADDRESS	TELEPHONE NUMBER	OCCUPATION	YEARS KNOWN

EMERGENCY CONTACT

NAME	ADDRESS	TELEPHONE NUMBER

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment and other experience.

PRE-EMPLOYMENT STATEMENT

(Please read carefully before signing)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misinterpretation or omission of any fact on my application, resume, and/or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from Green Country Behavioral Health Services, Inc./Muskogee County Head Start (GCBHS/MCHS). I further state that I have withheld nothing that would, if disclosed, affect my application unfavorably.
2. I authorize GCBHS/MCHS, in connection with this application, to make such personal, employment, police, OSBI, and/or any other entity inquiries as the agency deems necessary in arriving at an employment decision.
3. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all damages arising from furnishing the requested information.
4. Any offer of employment I may receive from GCBHS/MCHS is contingent upon my successful completion of any post-offer employment health exams (including screening for tuberculosis) that the company may require. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for drugs and/or alcohol. I, hereby, consent to having the results of any post-employment health exams I may be required to take disclosed to Human Resources.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager, supervisor, or representative of the company, other than the Human Resources Manager, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the Human Resources Director.
6. I agree to furnish to GCBHS/MCHS, upon presentation of this application, all licenses, transcripts, registration, and/or other documents required by GCBHS/MCHS related to my education, experience, and or position for which I am applying.

Note: We are an E-Verify participant.

Applicant's Signature

Date

Voluntary Information

(Completion of information below is voluntary)

We consider an applicant for all positions without regard to race, religion, color, age, ethnicity, culture, national origin, disability, sex, marital, genetic information, veteran preference, the presence of a non-job related medical condition or handicap, or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy Affirmative Action Requirements.

In an effort to comply with requirements regarding government record-keeping and reporting, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not part of your official application for employment. It is considered confidential information that will not be used in any hiring decisions.

Position(s) applied for: _____ Date: _____

Referral Source:

- Walk-In Employment Agency Employee
 Relative School
 Advertisement – Source: _____ Other: _____

Name of person who referred you (if applicable): _____

Applicant Information:

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White(not Hispanic or Latino) Black (not Hispanic or Latino) Hispanic or Latino Asian (not Hispanic or Latino)
 American Indian/Alaskan Native (not Hispanic or Latino) Two or more races (not Hispanic or Latino)
 Native Hawaiian/Pacific Islander (not Hispanic or Latino) Other: _____
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Please check if any of the following are applicable

- Vietnam Era Veteran Disabled Veteran Handicapped Individual