



Volunteers of America of Oklahoma, Inc.

PLEASE PRINT

Position(s) Applied For _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Today's Date _____
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How Did You Learn About Us?

<input type="checkbox"/> Newspaper _____	<input type="checkbox"/> State Employment Office/Workforce 2000
<input type="checkbox"/> Job/Employ. Guide _____	<input type="checkbox"/> Other Government Agency
<input type="checkbox"/> Friend _____	<input type="checkbox"/> Staffing Agency
<input type="checkbox"/> VOA Employee _____	<input type="checkbox"/> Walk-in
<input type="checkbox"/> School _____	<input type="checkbox"/> Other _____

Last Name _____	First Name _____	Middle Name _____
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Address _____	Number _____	Street _____	City _____	State _____	Zip Code _____
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Telephone Number-include Area Code _____	Telephone Number-include Area Code _____	Social Security Number - - -
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Are You over **18** Years of Age? NO YES

Have You ever worked for VOA before? NO YES Supervisor _____

~ If YES, under what name? _____ Reason for Leaving _____

What states have you lived in in the last 10 years? (City & State) _____

Do you have any abuse, neglect, or exploitation investigation pending with DDSD? NO YES

~ If YES, provide details? _____

Have You ever been **charged, convicted of, plead nolo contendere, or plead guilty** to, a felony and/or a misdemeanor anywhere in the United States? If so, what state? _____

NO YES (Please Explain) _____

If YES, Can you provide documentation showing the disposition of case? NO YES

Do You have any relatives working for VOA? NO YES Name of Relative: _____

Relationship: _____

Do You have reliable transportation? NO YES

Do You have a valid driver's license? NO YES What State? _____

Do You have liability car insurance? NO YES

Are You aware of any reason that you cannot perform essential functions of the job with or without reasonable accommodations? NO YES Please Explain: _____

DHS-DDSD Certification

Please **check all current** training certificates. Copies of training certificates are not required to be submitted with your application. Proof of current certification will be required prior to reporting to work.

<input type="checkbox"/> Foundations (Core 40)	<input type="checkbox"/> Ethical & Legal	<input type="checkbox"/> Physical Assistance 1
<input type="checkbox"/> CPR	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Physical Assistance 2
<input type="checkbox"/> First Aid	<input type="checkbox"/> Nuts & Bolts	<input type="checkbox"/> ETL-1
<input type="checkbox"/> MAT	<input type="checkbox"/> Skill Building	<input type="checkbox"/> ETL-2
<input type="checkbox"/> Communications	<input type="checkbox"/> Meal-Time Challenges	<input type="checkbox"/> Other _____
<input type="checkbox"/> Connections	<input type="checkbox"/> MOPI	_____



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Work History (Starting with your most recent job, please list at least 10 years including gaps or volunteer work)

DAYTIME NUMBERS ONLY

Employer		Address		Tel. Number(s) with Area Code ()	
Job Title	Supervisor	Dates Employed (Mon/Yr.) Fr: To:		Reason for Leaving	
Employer		Address		Tel. Number(s) with Area Code ()	
Job Title	Supervisor	Dates Employed (Mon/Yr.) Fr: To:		Reason for Leaving	
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Employer		Address		Tel. Number(s) with Area Code ()	
Job Title	Supervisor	Dates Employed (Mon/Yr.) Fr: To:		Reason for Leaving	

WRITE ON THE BACK IF YOU NEED ADDITIONAL SPACE TO COMPLETE 10 YEARS OF HISTORY

References (please list the names and telephone numbers of three work references who are not related to you)

Name	Telephone Number (DAYTIME NUMBERS)-NO PAGER #'S	Years Known



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Education (Please list high school, college, trade school, etc.)

H.S. Name & Location of Institution	Years Completed	Diploma/Degree	Subject(s) studied
College			
College			
Trade School			
Other			

What Days are you available to work? Mon. Tues. Wed. Thur. Fri. Sat. Sun.

What hours are you available to work? _____

Please list any additional skills and/or qualifications you may possess: _____

Please list any additional information you would like to share with us: _____

My signature below states that all information provided on the two pages of this application is accurate and truthful.

Any false information provided on this form will be grounds for termination of employment.

Applicant Signature

Date