

# VOLUNTEERS OF AMERICA OF OKLAHOMA EMPLOYMENT APPLICATION

(Please print legibly)

\*\*\*Incomplete and/or unsigned job applications will not be processed\*\*\*

Last Name:	First Name:	Middle Name:	Today's date:
Address		City	State
			Zip Code
Telephone Number: (    )		Position Applying For: <input type="checkbox"/> Direct Support Professional <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Program Manager <input type="checkbox"/> Director <input type="checkbox"/> Other (please specify): _____	

Are you over 18 years of age?       Yes  No

Are you legally eligible to work in the United States?       Yes  No

Have you ever plead nolo contendere or guilty to a felony and/or a misdemeanor anywhere in the United States?       Yes  No

If yes, what state? \_\_\_\_\_

If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any allegations of abuse, neglect, or exploitation investigations pending with Developmental Disabilities Services Division?       Yes  No

Have you ever been employed by VOA?       Yes  No  
 If so, when? \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Have you ever applied with VOA?       Yes  No  
 If so, when? \_\_\_\_\_

Do you have reliable transportation?       Yes  No

Do you have a valid driver's license?       Yes  No

Do you have liability car insurance?       Yes  No

Are you aware of any reasons that you cannot perform the essential duties of the job you are applying for, with or without accommodations?       Yes  No

If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any relatives working at VOA?       Yes  No  
 Name of relative: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Please check any training you have completed that is current:

- College of Direct Supports
- CPR/First Aid
- Medication Administration Training (MAT)
- Meal Time Challenges
- MOPI
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Education:

GED/High School Graduate       Yes  No  
 College Graduate       Yes  No

What days are you available to work?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

What hours are you available to work? \_\_\_\_\_

Please list any other skills or qualifications you possess:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Certification of Understanding:

The company reserves the right to revise or change job duties and work schedules as business needs dictate. It is mutually agreed that this application does not constitute a written or implied contract of employment. I certify the information that I have provided in this application is true and correct. I understand that any false or misleading information provided on this application or during an interview process will be grounds for disqualification of my application or termination of employment. I understand all employees are subject to random drug testing.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee printed name: \_\_\_\_\_

Volunteers of America of Oklahoma is an Equal Opportunity Employer. It is the policy of Volunteers of America of Oklahoma, Inc. to practice equal employment and career development opportunities in recruitment, recruitment advertising, selection, placement, testing, training programs, upgrading, promotion, demotion, transfer, compensation, social and recreational programs, layoff, recall and disciplinary actions including terminations. This policy is carried out for all employees regardless of race, sex, age, color, religion, disability, national origin and veteran status.

Work History (Starting with your most recent job, please list 10 years including gaps of employment). Write on the back of this page if you require additional space to complete a 10 year employment history.

Employer:	Address:		Telephone: ( )
Job Title:	Supervisor:	Dates Employed: (month/yr) From: To:	Reason for leaving:
Employer:	Address:		Telephone: ( )
Job Title:	Supervisor:	Dates Employed: (month/yr) From: To:	Reason for leaving:
Employer:	Address:		Telephone: ( )
Job Title:	Supervisor:	Dates Employed: (month/yr) From: To:	Reason for leaving:
Employer:	Address:		Telephone: ( )
Job Title:	Supervisor:	Dates Employed: (month/yr) From: To:	Reason for leaving:
Employer:	Address:		Telephone: ( )
Job Title:	Supervisor:	Dates Employed: (month/yr) From: To:	Reason for leaving:
Employer:	Address:		Telephone: ( )
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Employer:	Address:		Telephone: ( )
Job Title:	Supervisor:	Dates Employed: (month/yr) From: To:	Reason for leaving:
Employer:	Address:		Telephone: ( )
Job Title:	Supervisor:	Dates Employed: (month/yr) From: To:	Reason for leaving:

Please list 3 **professional** references that are not related to you.

Name	Telephone Number	Years known