



EMPLOYMENT APPLICATION

Return FAX: 405/948-0014

Name – Last, First, Middle Initial						Date		
Address				City		State	Zip	
Home Phone (include area code)			Cell Phone (include area code)			E-mail Address		
Position applying for		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time # of hrs per week _____	Circle day(s) available to work: Sun Mon Tue Wed Thu Fri Sat		Date Available	Salary Required		
Which shifts are you willing to work? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Rotating			Will you work weekends and/or legal holidays? <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays		Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, License #: _____ State: _____					
Do you have any pending criminal charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following: Alleged Offense: _____ City and State: _____ Date: _____								
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following: Offense(s): _____ City and State: _____ Date(s): _____ Fine or sentence: _____								
Are you legally able to work in the U.S. as a U.S. citizen or an alien authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If applicable, type of visa? _____ Expiration Date: _____								
School Name & Location		From	To	Graduate?	Degree	Major/Subject/Hours		
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
EMPLOYMENT HISTORY								
Start with present or most recent position.				May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
From	To	Name and Address of Employer		Type of Position	Supervisor Name & Phone	Start Salary	End Salary	Reason for Leaving
Have you ever been fired, discharged or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____								

PROFESSIONAL REFERENCES

(Persons who can inform us about job performance)

1. Name: _____ Telephone #: _____
Address: _____
2. Name: _____ Telephone #: _____
Address: _____
3. Name: _____ Telephone #: _____
Address: _____

How did you hear about CCSC? OR Who were you referred by? (Please be specific)

Briefly tell us about your faith and why it is important to you.

Church name:

Phone:

Minister:

I certify that the answers given by me in the application are true and correct without any omission of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed, and the company subsequently discovers that any answer given by me is incomplete, misleading or incorrect, I may be subject to termination. I agree that the company shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers, or omissions made by me in this application.

All information provided herein will be kept confidential. A pre-employment health screening is required prior to employment, which may include a DRUG SCREEN. In compliance with House Bill 2100 which requires all licensed facilities to offer only temporary employment to non-licensed new personnel, until a criminal arrest check can be completed by the Oklahoma State Bureau of Investigation. I, by signing this application give permission to perform the O.S.B.I. check and realize employment is contingent upon results.

I also authorize pertinent companies, schools, agencies, churches or persons to give any information requested regarding my employment, character, experience and qualifications and/or suitability of employment with the company for the purpose of considering my suitability for hire or continued employment. I specifically authorize the company to conduct a criminal background check to confirm the information that I have given concerning my criminal history. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality. In addition, a copy of this information is as valid as the original and should be recognized as such.

I understand that because this position includes spiritual ministry as a part of the job, it is a Bona Fide Occupational Qualification (BFOQ) for caregivers to be Christians. Duties may include engaging in shared prayer time, Bible study, and other forms of spiritual encouragement. I understand that the company will encourage the personal spiritual growth of all caregivers and I agree to participate in a spiritual growth curriculum provided by Christian Companion Senior Care.

I understand and agree that if hired, my employment is for no definite period and may, regardless of the date or payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

Signature of Applicant

Date

Mail this application to: 4200 Perimeter Center Drive, Ste 245, Oklahoma City, OK 73112 or FAX to: 405/948-0014