EARC P.O. Box 268 Edmond, Ok 73083

Application for Employment

ull Name: Social Security Number:		
Address:		
City, State:	Zip Code:	
Home Phone:		
Employment Applying For:		
Position Applying for:		
Full Time:	Part Time: PRN:	
Can you work?		
Day's Evenings	Overnight Weekends	
List any days you are unable to work: _		
Date you can begin work:	Desired Salary:	
How did you hear about this job?		
Have you worked here before?	If so, when?	
Previous Position w/ EARC:		
Reason for Leaving:		
List any relatives or friends working fo	r EARC now:	
4	so, may we contact your present employer?	

Employment History - List Most Current First

Company Name:	Phone:
Address:	
Job Title:	Supervisor:
Job Responsibilities:	
Dates of Employment:	Salary:
Reason for leaving:	
Company Name:	Phone:
Address:	
Job Title:	Supervisor:
Job Responsibilities:	
Dates of Employment:	Salary:
Reason for leaving:	
Company Name:	Phone:
Address:	
Job Title:	Supervisor:
Tob Responsibilities:	
Dates of Employment:	Salary:
Reason for leaving:	

		Location:
Did you graduate?		
Callege/University:		Location:
Did you graduate?		
Major Field of Study:		
Trade or Business School:		Location:
Field of Study:		
Did you graduate?		
Graduate School:		Location:
Field of Study:		Did you graduate? :
No. Communication of the Thomas Touth the late of the analysis of		do tal contrata della
References- List Three Individuals (not related	Phone:	
	Phone:	
Name:	Phone: Phone: Phone:	
Name:Name:Name:Name:Name:Name:Name:Name:	Phone: Phone: Phone:	
Name:Name:	Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: The and does not discussed a discussion of employment and graphibited at all Extention at an atermination of employment and the company at an atermination of employment and graphibited at all Extention of employment and	riminate because of age, sex, race, national free workplace. All employees must submit to nt physical exam. Some positions require a ad of specific crimes may not be employed at ARC facilities. All offers of employment are kground check. All employment with EARC is ny time with or without cause. Falsification of

BACKGROUND RELEASE AUTHORIZATION

I understand that by my signature bek	ow I authorize to inves	tigate
my background including, but not limite	ed to consumer credit reports, criminal histor	Y
•	evious employer verifications, education verif	
	al security number from the workers' compen	
-	s may include information as to my character	
nabits, pertormance and experience, al	long with reason for termination of past empl	oyment.
	entioned employer, and/or its authorized aga	
	Federal, State, private, insurance, and othe	
agencies concerning my past activities (experiences.	relating to credit, driving, criminal, civil, and	other
I voluntarily and knowingly authorize ec	ach and every present and past employer or	
•	educational institution; finance bureau/ offic	
	ess; personal reference; and other persons t	
	erning my credit, criminal history, health, cha	
	on requested by the above mentioned employ	er or its
authorized agent.		
I voluntarily, knowingly and uncondition	ally release any named or unnamed reporting	party
from any and all liability resulting from	the furnishing of any information to either t	the
employer or its authorized agent.		
The purpose of this release form is to r the course of consideration for your en	notify you that a consumer report will be con nployment.	apiled in
9		
Applicant signature	Date	
Full legal name:		
Social security number:	Date of birth:	
Driver's license number:	State issued:	
Maiden name (if applicable):		

Date	
	Date

PART 2

Applicants for the position of community services worker are required to rreport all former employers. Giving false information results in termination of employment. Please attatch another page, if necessary.

Name of Employer	Address City, State, Zip	Approximate Dates of Employment

How Did You Hear About Us?

Craig's List
Daily Oklahoman
Gazette
Guthrie News Leader
OK Job Match
Edmond Sun
Referred By
Other