

# BIG FIVE COMMUNITY SERVICES, INC.

(A Community Action Agency)  
 1502 North 1st., P.O. Box 1577  
 DURANT, OKLAHOMA 74702-1577  
 Phone (580) 924-5331 • FAX (580) 920-0007

## APPLICATION FOR EMPLOYMENT

APPLICATION MUST BE COMPLETED IN PERSON

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Last) (First) (Middle)

MAILING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ - \_\_\_\_\_  
 (Street) (City) (State) (Zip)

List any other names used if different from name on this application: \_\_\_\_\_

List exact title of position or type of work for which you wish to apply:

Do you have any relatives working for the Company? If so, list names and relationships:

Full-Time       Part-Time       Summer      Date Available for Work? \_\_\_\_\_

What days are you unable to work? \_\_\_\_\_

Current Driver's License # (if required for position) \_\_\_\_\_  
 (State) (Number)

Commercial Driver's License       Yes       No

Have you ever been convicted of a felony or subjected to a deferred adjudication of a felony charge, including a pleas of no contest?  
 Yes  No If you answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.

**Education** (Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registration.)

Indicate highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12.

Did you graduate from high school or receive GED?  Yes  No

Type of School	Name and Location of School	Dates Attended				Date Graduated		Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major / Minor Fields of Study
		From		To		Mo.	Yr.				
		Mo.	Yr.	Mo.	Yr.						
Colleges or Universities											
Graduate Schools											
Technical, Vocation, or Business Schools											

**Special Training/Skills/Qualifications:** List all job related training or skills you possess and machines or officer equipment you can use, such as calculators, printing or graphic equipment, computer equipment, types of software and hardware.  
(Attach additional page if necessary.)

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It is important for you to furnish a detailed statement of your work history. Use a separate block for each position. List first your present or last employer and work back. Account for all periods of unemployment. (Attach additional page if necessary.)

Position Title:						Immediate Supervisor Name:	Full Time	<input type="checkbox"/>		
Employer:							Part-Time	<input type="checkbox"/>		
Mailing Address: City and State/Zip							Summer	<input type="checkbox"/>		
Employer's Telephone No.							Title	Temp/Project	<input type="checkbox"/>	
Starting Date			Leaving Date			Current/Final Salary	Technical	<input type="checkbox"/>	Supervisor's Telephone No.	Give average # of hours worked per week if part-time
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-Managerial	<input type="checkbox"/>		
						\$	Supervisory/Managerial	<input type="checkbox"/>		
Summary of Experience:										
Specific Reason for Leaving:						Person Contacted: Result:				

Position Title:						Immediate Supervisor Name:	Full Time	<input type="checkbox"/>		
Employer:							Part-Time	<input type="checkbox"/>		
Mailing Address: City and State/Zip							Summer	<input type="checkbox"/>		
Employer's Telephone No.							Title	Temp/Project	<input type="checkbox"/>	
Starting Date			Leaving Date			Current/Final Salary	Technical	<input type="checkbox"/>	Supervisor's Telephone No.	Give average # of hours worked per week if part-time
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-Managerial	<input type="checkbox"/>		
						\$	Supervisory/Managerial	<input type="checkbox"/>		
Summary of Experience:										
Specific Reason for Leaving:						Person Contacted: Result:				

It is important for you to furnish a detailed statement of your work history. Use a separate block for each position. List first your present or last employer and work back. Account for all periods of unemployment. (Attach additional page if necessary.)

Position Title:						Immediate Supervisor Name:		Full Time <input type="checkbox"/>	
Employer:								Part-Time <input type="checkbox"/>	
Mailing Address: City and State/Zip								Summer <input type="checkbox"/>	
Employer's Telephone No.						Title		Temp/Project <input type="checkbox"/>	
Starting Date			Leaving Date			Current/Final Salary	Technical <input type="checkbox"/>	Supervisor's Telephone No.	Give average # of hours worked per week if part-time
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-Managerial <input type="checkbox"/>		
						Supervisory/Managerial <input type="checkbox"/>	If supervisory, number of employees you supervised:		
Summary of Experience:									
Specific Reason for Leaving:						Person Contacted: Result:			

Position Title:						Immediate Supervisor Name:		Full Time <input type="checkbox"/>	
Employer:								Part-Time <input type="checkbox"/>	
Mailing Address: City and State/Zip								Summer <input type="checkbox"/>	
Employer's Telephone No.						Title		Temp/Project <input type="checkbox"/>	
Starting Date			Leaving Date			Current/Final Salary	Technical <input type="checkbox"/>	Supervisor's Telephone No.	Give average # of hours worked per week if part-time
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-Managerial <input type="checkbox"/>		
						Supervisory/Managerial <input type="checkbox"/>	If supervisory, number of employees you supervised:		
Summary of Experience:									
Specific Reason for Leaving:						Person Contacted: Result:			

Give at least three references other than relatives or supervisors listed above.

Name Present Address Telephone Known how long?

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**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR  
UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire, or, if hired, for immediate termination.
  
2. I understand that this application is considered current only during the period that the current job opening exists. To be considered for later employment a new application must be submitted in person and in writing when a job for which you wish to be considered is advertised.  
I understand that if I am selected for employment additional information may be required by state or federal laws or regulations. I understand that compliance with the agency's Personnel Policies and Procedures and the agency's Drug Free Work Place and Testing Policy are conditions of continued employment.
  
3. I understand that if hired, my employment would be an at-will relationship, which means it could be terminated, with or without notice at any time, by me or by my employer, for any reason or for no reason at all, but not for an illegal reason.
  
4. I also certify that no supervisor, manager, or representative of the Company, has made promises to me that would create a contract between the Company and me, or has made promises that would in any way alter the at-will relationship.
  
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information that they might have, personal or otherwise, with regard to any other subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
  
6. I understand that Big Five Community Services, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.
  
7. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete a I-9 Form in this regard.
  
8. I understand that I may be offered employment, conditional upon satisfactory completion of a thorough background investigation and/or drug screen. If offered employment with Big Five Community Services, Inc., I agree to participate in this process. I also understand that refusal to participate in any part of the background investigation process may result in disqualification from consideration or employment or withdrawal of a conditional offer if one has been made.

**THIS APPLICATION MUST BE SIGNED**

BFCSEA071510

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# BIG FIVE COMMUNITY SERVICES, INC.

P O Box 1577  
Durant OK 74701  
(580) 924-5331  
(580) 920-0007

## Employment Verification Request Form

The Applicant named below is being considered for employment as \_\_\_\_\_ with our Agency. The applicant has listed you or your organization as a former place of employment. In accordance with the release signed by the applicant below, please provide the information requested and return this form to us by fax.

\_\_\_\_\_  
Name of Applicant  
\_\_\_\_\_  
Social Security Number  
\_\_\_\_\_  
Name of Former Employer

### Applicant's Authorization

I hereby authorize the above individual, company, or institution to furnish Big Five Community Services with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith, including Big Five Community Services, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

\_\_\_\_\_  
Signature of Applicant

### Record of Employment

Date(s) of Employment (start/end date): \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_  
Primary Job Duties: \_\_\_\_\_  
Was it a voluntary or involuntary separation of employment? \_\_\_\_\_  
Reason for employment separation: \_\_\_\_\_  
Eligible for rehire (circle one): YES      NO

The above named applicant is seeking employment with vulnerable adults or children. As required by the State of Oklahoma Department of Human Resources, Developmental Disability Services Division policy, OAC 340: 100-3-39, please provide us with information regarding any known allegations of abuse, neglect, or exploitation, including charges filed against this person with law enforcement agencies, Adult Protective Services, Child Welfare Services and/or the Office of Client Advocacy.

**Check all that apply:**  Accused  Substantiated  Unsubstantiated

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Equal Opportunity Employer