



# Application for Employment

**Residential Services:** Oklahoma City, Edmond, Owasso, Madill

**Hope Pregnancy Centers:** OKC North, OKC South, Edmond, Tulsa, Ardmore

**Other Services:** Home Office, Kennedy Building, LifeWize

**Please Print**

**Date:** \_\_\_\_\_

## Personal Information

(Last)	(First)	(Middle)
Name:		
(Street)	(Apartment Number)	Home Telephone Number:
Address:		(     )
(City)	(State)	(Zip)
Social Security Number:	Email Address:	Cell Telephone Number:
		(     )

**Position Applied For:** \_\_\_\_\_ **Location:** \_\_\_\_\_

(Applicant must specify the particular position and location.)

Are you legally eligible for employment in the United States?  Yes  No  
 (Proof of United States citizenship or immigrant status will be required upon employment.)

Are you at least 21 years of age?  Yes  No  
 (This is applicable when applying for a position allowing unsupervised access to children.)

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?  Yes  No

If yes, give nature of offense, name and location of court and the penalty or disposition of the case or cases:

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Do you drink alcoholic beverages?  Yes  No

Do you use tobacco products?  Yes  No

**If your potential position with OBHC would require you to drive an OBHC vehicle, please complete.**

Do you have a current driver's license?  Yes  No License Number \_\_\_\_\_ State: \_\_\_\_\_  
*(This is applicable when applying for a position that driving is a part of the position's responsibilities.)*

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

List traffic citations for the last 3 years with details: \_\_\_\_\_  
 \_\_\_\_\_

Marital Status:  Single  Engaged  Married Date of Marriage: \_\_\_\_\_

**When applying for Houseparent or Family Advisor Position: List the names and ages of your children.**

Name	Age

**EDUCATION**

	School Name	Location	Number of Years Attended	Did you Graduate?	Degree or Diploma
<b>High School</b>					
<b>College</b>					
<b>Graduate</b>					
<b>Vo-Tech</b>					
<b>Other</b>					

Additional job-related seminars, short courses, workshops, or other educational experiences, if any:

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

Additional job-related special training, specialized licensing, special skills, or noteworthy achievements, if any:

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

When applying for a clerical position, please list pertinent office skills or experience with office equipment:

- Fax Machine  Copiers/Digital Imaging  Ten-key operation  Multi-line Telephone Operation

\_\_\_\_\_

**Computer Skills**

**Levels of Competency**

	<u>Basic Knowledge</u>	<u>Working Knowledge</u>	<u>Professional Expertise</u>
Computer Operation	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced Level
Microsoft Word	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced Level
Excel	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced Level
Power Point	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced Level
Access	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced Level
Outlook	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced Level
Photoshop (or other digital imaging)	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced Level

Other Computer Programs:  ACS     Blackbaud     Corel     Quicken     InDesign

**CHURCH HISTORY**

Are you a Christian?     Yes     No    Where is your church membership? \_\_\_\_\_

What church responsibilities have you had? \_\_\_\_\_

\_\_\_\_\_

At this time, in what way are you involved in your church activities? \_\_\_\_\_

\_\_\_\_\_

Pastor's name and address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

What other pastor could recommend you? \_\_\_\_\_ Telephone No.: \_\_\_\_\_

List names and addresses of other churches you have regularly attended during the last five (5) years.

Church Name	Address	Telephone Number	Attended From:	Attended To:

**CHARACTER REFERENCES**

(Omit names of relatives or employers)

Name	Occupation	Complete Address	Telephone Number

# EMPLOYMENT RECORD

(Please give accurate, complete full-time and part-time employment history, including any military service. Please use a separate sheet if additional space is required. Start with your present or most recent employer.)

Permission to contact current employer  Yes  No

Current Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Title(s): \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Description of your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Title(s): \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Description of your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

\*\*\*\*\*

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Title(s): \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Description of your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

**(Employment Record Continued)**

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Title(s): \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Description of your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Title(s): \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Description of your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

\*\*\*\*\*

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Job Title(s): \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Description of your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Have you ever worked under a different name for any of these employers?  Yes  No

If yes, please identify the employer and state the different name: \_\_\_\_\_

Have you been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?  Yes  No

If yes, give the nature of the offense, the name and location of the court and the penalty or disposition of the case(s) and name of probation officer if you are now on probation. \_\_\_\_\_

(A prior conviction may not be a restriction to employment.)

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed by Oklahoma Baptist Homes for Children, Inc. ("OBHC"), my employment may be terminated at any time.

In consideration of my employment, I agree to follow OBHC's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or OBHC's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by OBHC. **IF I AM EMPLOYED BY OBHC, I UNDERSTAND THAT MY EMPLOYMENT WILL BE ON AN AT-WILL BASIS.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PLEASE READ CAREFULLY BEFORE SIGNING**

**DRUG TESTING**

I, \_\_\_\_\_, understand that I shall be required to submit to a screening for alcohol, drugs, or other controlled substances in connection with my application for employment. I hereby consent for Oklahoma Baptist Homes for Children, Inc., a Collection Facility, and a Reference Laboratory to perform appropriate tests or examinations for the presence of alcohol, drugs, or other chemical substances. Further, I give consent for the release of the test results, or other medical information to authorized management of Oklahoma Baptist Homes for Children, Inc. for appropriate review. I understand that if I refuse to consent, the offer of employment will be withdrawn. I also understand that a confirmed test will result in the withdrawal of the offer of employment. I release Oklahoma Baptist Homes for Children, Inc., its employees, management and its designated medical or professional representatives, from any and all claims or causes of action resulting from this test, the release of the results of the test to such persons, and any decisions resulting there from. My consent to release the test results shall be valid for a period of one year from the date written below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**PLEASE READ CAREFULLY BEFORE SIGNING:**

**CONSENT AND RELEASE AGREEMENT FROM OBHC**

In further consideration of my employment and pursuant to 40 Okla. Stat. §61, I authorize and consent to OBHC's disclosure to future prospective employers any employment-related information that OBHC, in its sole discretion and judgment, may determine is appropriate to disclose, including any personal comments, evaluations, or assessments that OBHC may have about my performance or behavior as an employee. I further release and hold harmless OBHC from any and all liability that may potentially result from the release and/or use of such employment-related information to future prospective employers. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

I understand that no representative of OBHC has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

**PLEASE READ CAREFULLY BEFORE SIGNING**

**CONSENT AND RELEASE AGREEMENT TO OBHC**

I authorize Oklahoma Baptist Homes for Children, Inc. ("OBHC") and any representative of employee of that organization to make any inquiry or engage in any discussion concerning me which OBHC or its representatives and employees deem appropriate. I authorize OBHC to obtain information from any source concerning me, my history and references to the full extent that OBHC, in its discretion, deems necessary to determine my suitability for employment. I release OBHC from any and all liability that may potentially result from the use of such employment-related information from any source.

I authorize and request any former employers, schools, and persons to freely give OBHC any and all information which they may have concerning me or my previous employment, and I waive any rights which may exist with respect to such information. I authorize the release of information about me without liability to any person, firm or company releasing such information. I further release and hold harmless any former employer, school and person providing employment related information from any and all liability that may potentially result from the release of such information. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO READ THIS DOCUMENT AND ASK ANY QUESTIONS I MAY HAVE HAD BEFORE SIGNING IT. I ALSO ACKNOWLEDGE THAT I UNDERSTAND THE MEANING AND EFFECT OF THIS DOCUMENT AND ITS PROVISIONS.**

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

Date \_\_\_\_\_



Department of Public Safety  
 RECORDS MANAGEMENT DIVISION  
**RECORDS REQUEST & CONSENT TO RELEASE**  
 (Motor License Agent Use Only)

**INDIVIDUAL REQUEST (Fill out entire form)**

I am the person named in the record(s) sought.  I am requesting the record(s) of another person. **RECORD FEE**

**I hereby request an Oklahoma driving record summary (Motor Vehicle Report, or MVR)** **\$25.00**  
 [state law limits this summary to three years]

**For:**  
 Driver's Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Driver License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

**FOR MULTIPLE REQUESTS CHECK THE FOLLOWING BOX AND BEGIN FILLING OUT THE FORM HERE.**

I am requesting the record(s) of another person.

**If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below:**

1.  Government Agency (federal, state, or local, including court or law enforcement): for carrying out its functions †
2.  Legal: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order; order of a court.
3.  Research Activities or Statistical Reports: personal information shall not be published, redisclosed, or used to contact individuals †
4.  Insurance Company, Insurance Support Organization, Self-insured Entity: for claims investigation, antifraud, rating or underwriting activities †
5.  Licensed Private Investigative Agency or Licensed Security Service: for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
6.  Employer of Commercial Driver License Holder: to obtain or verify information required under 49 U.S.C., Chapter 313 †

**CONSENT TO RELEASE by Person Named in Request** [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

\_\_\_\_\_  
 Printed Name of Person Named in Request \_\_\_\_\_  
 Signature of Person Named in Request

By signing above, I voluntarily give consent to the Department of Public Safety or any Motor License Agency to release the above-named record(s) to the person making this Records Request. I understand, as required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the Department of Public Safety or any Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

**AFFIRMATION of Person Making Request**

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of his duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, et seq.] and his obligations to use such information only of the purposes set out therein and his civil and criminal liabilities if he violates these duties, and his obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and hold harmless both the Oklahoma Department of Public Safety and OK.gov from any and all liability and penalties associated with my or my successor's or assignees' wrongful use and/or release of such information.

\_\_\_\_\_  
 Printed Name of Person Making Request \_\_\_\_\_  
 Signature of Person Making Request

† Print Agency/Company Name (if item 1, 3, 4, 5 or 6 was checked above) \_\_\_\_\_  
 Date MM/DD/YYYY

Address City State Zip

To be completed by Motor License Agency: The record(s) requested has/have been approved for release and issued by:

\_\_\_\_\_  
 Printed Name of motor license agent or employee \_\_\_\_\_  
 Signature of motor license agent or employee

Motor license agency name and number