

Application for Employment

The Vine – Oklahoma City
Baptist Children's Home – Owasso
Baptist Home for Girls – Madill
Boys Ranch Town – Edmond
Hope Pregnancy Center – North Oklahoma City
Hope Pregnancy Center – South Oklahoma City
Hope Pregnancy Center – Edmond
Hope Pregnancy Center – Tulsa Metro
Hope Pregnancy Center – Ardmore
Hope Pregnancy Center – Shawnee
Hope Pregnancy Center – NW Oklahoma (Alva)
Home Office – Oklahoma City

Please Print		Dat	te:
Personal Information			
(Last)	(First))	(Middle)
Name:			
(Street)	(Apartment Nu	mber)	Home Telephone Number:
Address:			()
(City)	(State)	(Zip)
Email Address:		Cell Telephone Nu	mber:
		()	
Position Applied For:		Location:	
(Applicant must sp	pecify the particular posit	ion and location.)	
Would you consider a position elsewhere, an	nd if so, which locat	ions? Yes	No
☐Alva ☐Ardmore ☐Madill ☐Okl	ahoma City 🔲 Owa	sso Edmond	Shawnee Tulsa
How did you hear about this position? Current C	OBHC Employee]Website/Online Ad	Other
Please provide OBHC Employee name/website/oth	er:		
Are you legally eligible for employment in the Unit (Proof of United States citizenship or immigrant status w		☐ No loyment.)	
Are you at least 21 years of age? Yes (This is applicable when applying for a position allowing	No sunsupervised access to c	children.)	
Have you ever been convicted of child abuse or a c Yes No	rime involving actual o	or attempted sexual r	molestation of a minor?
If yes, give nature of offense, name and location of	court and the penalty	or disposition of the	case or cases:
Do you drink alcoholic beverages?] No		
Do you use tobacco products? Yes No)		
Do you use marijuana products? Yes	No		

1

Do you have a currer (This is applicable w	nt driver's license? Yes	☐ No License that driving is a par	Numbert of the position's	State responsibilities.)	:
Have you been conv	icted of a traffic offense in the	he past five (5) year	rs?] No	
If yes, give the natur	e of the offense, the name an	nd location of the co	ourt and the penalt	y or disposition of the	e case:
	not an automatic restriction to e a part of the position's respons		a poor driving reco	rd may affect employme	ent eligibility with
Marital Status: S	ingle	rried	Date o	f Marriage:	
When applying for a	n house parent position: Lis	st the names and ag	ges of your childre	en and whether they	are living with you.
	Name		Age	Currently Liv	ving with You
EDUCATION					
	School Name	Location	Number o Years Attended	Study/Major	Degree Earned
High School			***************************************		
College					
Graduate					
Vo-Tech					
Other					
	d seminars, short courses, w			·	
Additional job-relate	ed special training, specialize	ed licensing, special	skills, or notewor	thy achievements, if	any:
Computer Skills		Levels of C	ompetency		
	Basic Knowledge	Working Know		essional Expertise	
Computer Operation	_	☐ Intermediate	_	Advanced Level	
Microsoft Word	☐ Basic	☐ Intermediate	_	Advanced Level	
Excel	☐ Basic	☐ Intermediate		Advanced Level	
Power Point	☐ Basic	☐ Intermediate ☐ Intermediate	_	Advanced Level	
Access Outlook	☐ Basic☐ Basic	☐ Intermediate	_	Advanced Level	
Photoshop	☐ Basic	☐ Intermediate		Advanced Level	
Other Computer Prog	_				

CHURCH HISTORY				
Are you a Christian? Ye	es No Where is yo	our church membership?		
What church responsibilities h	nave you had?			
At this time, in what way are	you involved in your churc	ch activities?		
Pastor's name and address:			_Telephone No.:	
What other pastor could recor No.:	·	Telepho	ne	
Church Name	Address	Telephone Number	Attended From:	Attended To:
REFERENCES (Omit names of relatives or pa	astors listed above)			
Name	Occupation	Complete Address	Telephone Number	Email
Work reference:				
Work reference:				

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 employe	er 🗌 Yes 🔲 No	
Current Employer:	Phone Num	nber:
Address:	Zip Co	ode
Job Title(s):	Immediate Supervisor:	
Description of your work:		
Reason for leaving:		
Employed from/ to	// Salary: Starting	Final

Employer:	Phone Number:	
Address:	Zip Co	ode
Job Title(s):	Immediate Supervisor:	
Description of your work:		
Reason for leaving:		
Employed from/to	/	Final

Employer:	Phone Number:	
Address:	Zip Co	ode
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			

Employer:	Phone Nu	mber:	
Address:	:	Zip Code	
Job Title(s):	Immediate Supervisor:		
Description of your work:			
Reason for leaving:			
Employed from/to	// Salary: Starting _	Final	

Employer:	Phone Nu	mber:	
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	er a different name for any of these employers?
If yes, please identify the er	mployer and state the different name:
expunged or sealed by a cou	
	e offense, the name and location of the court and the penalty or disposition of the on officer if you are now on probation.
	(A prior conviction may not be a restriction to employment.)
false information, omissio	nation submitted by me on this application is true and complete, and I understand that if any ons, or misrepresentations are discovered, my application may be rejected and, if I am Baptist Homes for Children, Inc. ("OBHC"), my employment may be terminated at any time.
and compensation can be OBHC's option. I also und without cause, and with or	nployment, I agree to follow OBHC's rules and regulations and I agree that my employment terminated, with or without cause, and with or without notice, at any time, at either my or derstand and agree that the terms and conditions of my employment may be changed, with or r without notice, at any time by OBHC. IF I AM EMPLOYED BY OBHC. I MY EMPLOYMENT WILL BE ON AN AT-WILL BASIS.
Date	Signature
DI FACE DEAD CAR	EFULLY BEFORE SIGNING
I LEASE NEAD CALL	DRUG TESTING
consent for Oklahoma Bap appropriate tests or examin consent for the release of t Homes for Children, Inc. f withdrawn. I also understa Oklahoma Baptist Homes representatives, from any a	, understand that I shall be required to submit to a gs, or other controlled substances in connection with my application for employment. I hereby of the test results, or other medical information to authorized management of Oklahoma Baptist for appropriate review. I understand that if I refuse to consent, the offer of employment will be and that a confirmed test will result in the withdrawal of the offer of employment. I release for Children, Inc., its employees, management and its designated medical or professional and all claims or causes of action resulting from this test, the release of the results of the test to isions resulting there from. My consent to release the test results shall be valid for a period of itten 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, 20

PLEASE READ CAREFULLY BEFORE SIGNING

Signature

Witness

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	_