

**GOLDEN OAKS VILLAGE  
GENERIC JOB APPLICATION FORM**

Date of Application: \_\_\_\_\_

Date available to work: \_\_\_\_\_

**I. PERSONAL INFORMATION**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Last, First Middle)

List other names you have previously worked under such as maiden name:

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

Current address:

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

(City, State, Zip)

Permanent Address (If different from above)

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

Telephone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female      Race: \_\_\_\_\_

Emergency Contact Person – Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## II. EMPLOYMENT DESIRED

Position Applied for \_\_\_\_\_ Salary required: \_\_\_\_\_

Hours Available to work: \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_ Weekends

Will you accept? \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ PRN

## III. PRIOR WORK HISTORY

U.S. Military Record:

Branch: \_\_\_\_\_ Dates of service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

List your last 4 employers beginning with the most recent or current.

Employers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates employed: from: \_\_\_\_\_ to: \_\_\_\_\_

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

Employers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates employed: from: \_\_\_\_\_ to: \_\_\_\_\_

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

Employers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates employed: from: \_\_\_\_\_ to: \_\_\_\_\_

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

Employers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates employed: from: \_\_\_\_\_ to: \_\_\_\_\_

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

## IV. EDUCATIONAL BACKGROUND

Name of Institution

Type of Degree

Dates Attended

---

---

---

---

## V. REFERENCES

List name and phone number for 3 references who are not relatives or former employers:

---

---

---

---

## VI. BACKGROUND INFORMATION

All employees must go through a background check. Please answer the following questions. If you answer yes to any of the questions below, explain in detail. If you are not applying for a health care position, you may place N/A on items except item A.

- A. \_\_\_Yes \_\_\_No Have you ever: 1) participated in a first offender program; 2) deferred adjudication or other program or agreement where adjudication has been withheld; 3) pled guilty or no contest; 4) been convicted; 5) received a deferred sentence; 6) been sentenced for any criminal offense in any state or US jurisdiction regardless of whether this matter has been expunged or otherwise removed?

---

---

---

- B. \_\_\_Yes \_\_\_No Have you ever been found in violation of any state, US jurisdiction, or federal law regulating the practice of a health care profession?

---

---

---

- C. \_\_\_Yes \_\_\_No Are any disciplinary actions or allegations, pending or substantiated, against you or your health care license?

---

---

---

D. \_\_\_Yes \_\_\_No Have you had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured, or placed on probation or have you ever surrendered such credentials to avoid, or in connection with, action by any such authority?

---

---

---

**vii. APPLICANT’S CERTIFICATION & AGREEMENT**

Please read carefully – if you answer “No” to any of the questions, please explain.

A. \_\_\_Yes \_\_\_No I understand the employer has the right to proceed with any criminal background check.

---

---

---

B. \_\_\_Yes \_\_\_No I understand the employer has the right to require me to take a drug-screening test. If I refuse or if the test is confirmed to be positive, this will eliminate me from employment. If I refuse to sign this form, I will eliminate myself from employment.

---

---

---

C. \_\_\_Yes \_\_\_No I understand I may be required to have a physical examination and I hereby give my consent to take a physical examine(s) as required by the employer.

---

---

---

D. \_\_\_Yes \_\_\_No I understand if I am hired I will required to produce proof that I have the legal right to work in the U.S. in accordance with the IRCA of 1986.

---

---

---

E. \_\_\_Yes \_\_\_No I understand this form is not an employment contract.

I certify I have read and completed this application and that the information I have provided is true and complete.

---

Type in name

---

Signature of Applicant

---

Date

## VIII. CRIMINAL ARREST CHECK LIST

Effective November 1, 2012, and in accordance with public law, Title 63 of the Oklahoma Statutes, Section 1-1950.1, employment at this employer shall not be considered if the below signed has been convicted of, pled guilty or no contest to, or received a deferred sentence for, a felony or misdemeanor offense for any of the following offenses in any state or federal jurisdiction as stated in the above referenced statute:

- a. Abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person
- b. Rape, incest, or sodomy
- c. Child abuse
- d. Murder or attempted murder
- e. Manslaughter
- f. Kidnapping
- g. Aggravated assault and battery
- h. Assault and battery with a dangerous weapon
- i. Arson in the first degree

According to the above referenced statute, the employer shall not consider for employment any person who meets the following criteria: "if less than seven (7) years have elapsed since the completion of sentence, and the results of a criminal history check reveal that the subject person has been convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following:

- a. Assault
- b. Battery
- c. Indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender
- d. Pandering
- e. Burglary in the first or second degree
- f. Robbery in the first or second degree
- g. Robbery, or attempted robbery with a dangerous weapon, or imitation weapon
- h. Arson in the second degree
- i. Unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act
- j. Grand larceny
- k. Petit larceny or shoplifting

It is further understood that if I am hired, it will be as a temporary employee until the employer receives my criminal background check. If I have no criminal record, I may be considered for employment subject to training requirements and other requirements of the job for which I am applying.

I hereby certify I have no disqualifications for employment as described above. My signature below authorizes the employer to run a check with the Nurse Aid Registry of the Oklahoma State Department of Health for notations of abuse, neglect or misappropriation of resident funds or property. I hereby give the Oklahoma State Bureau of Investigation authority to proceed with a criminal records check as authorized by state statute.

---

Type in name

---

Signature of Applicant

---

Date