

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

DATE OF APPLICATION: \_\_\_\_\_

Name:

\_\_\_\_\_  
Last First Middle

Address:

\_\_\_\_\_  
Street (Apt) City/State Zip

Alternate Address:

\_\_\_\_\_  
Street City/State Zip

Contact Information:

\_\_\_\_\_  
( ) ( )  
Home Telephone Mobile Telephone Email

**POSITION SOUGHT:** \_\_\_\_\_ **Available Start Date:** \_\_\_\_\_

**Required Pay Range:** \_\_\_\_\_ **Are you currently employed?** \_\_\_\_\_

## EDUCATION

Name and Location Graduate? – Degree? Major / Subjects of Study High School

College or Universities

Specialized Training,

Professional Licenses, Certifications, or Registrations I possess: \_\_\_\_\_

## PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed Company Name Location Role/Title  
Job notes, tasks performed and reason for leaving:

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

Dates Employed Company Name Location Role/Title

**Job notes, tasks performed and reason for leaving:**

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**REFERENCES**

Please list two references who are not relatives.

Name	Address	Telephone	Years Known
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Name	Address	Telephone	Years Known
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**Acknowledgement and Authorization:**

Are you able to perform the essential functions of the position with or without accommodations? YES NO  
If no, what accommodations are needed?

Are you legally eligible for employment in the U.S.A.? YES NO

Have you ever been convicted of a felony? YES NO

**Information to the applicant:** As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment you may be required to : supply your birth certificate or other proof of authorization to work in the US, have a drug test, or sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above:

I certify that all answers given are true and complete to the best of my knowledge

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

I agree to abide by the rules and regulations of Samaritan which may be changed, amended, withdrawn, added or interpreted at any time at Samaritan's sole option without prior notice to me.

**Signature**

**Date:**

**Samaritan Counseling & Growth Center**  
Bartlesville, OK 74006  
918.336.1463  
918.331.9717 fax  
[www.samaritanbartlesville.org](http://www.samaritanbartlesville.org)