



## APPLICATION FOR EMPLOYMENT

**TODAY'S DATE:** \_\_\_\_\_

*Ships Ahoy Child Care is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, political belief or disability. Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.*

### PERSONAL INFORMATION:

<b>FIRST NAME</b>		<b>MIDDLE NAME</b>	<b>LAST NAME</b>	<b>SOCIAL SECURITY NO.</b>
<b>OTHER NAMES USED (MAIDEN NAME, ALIAS, OR NICKNAMES)</b>				
<b>STREET ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>PHONE NUMBER</b>		<b>CELL #</b>	<b>EMAIL ADDRESS</b>	
<b>HAVE YOU LIVED IN OKLAHOMA LESS THAN 3 YEARS?</b> YES                      NO <b>IF YES, LIST STATES:</b>		<b>ARE YOU 18YRS OR OLDER?</b> YES                      NO		<b>IF NO, LIST AGE</b>
<b>DATE YOU CAN START</b>	<b>SCHEDULE DESIRED</b> FULL-TIME PART-TIME	<b>DAYS/HOURS YOU CAN WORK</b>		<b>POSITION/PAY DESIRED:</b>
<b>DO YOU HAVE ANY MEDICAL CONDITIONS THAT MAY INTERFERE WITH THE POSITIONS JOB RESPONSIBILITIES? IF SO, PLEASE EXPLAIN</b>				
<b>IN CASE OF EMERGENCY, PLEASE CONTACT:</b>			<b>RELATIONSHIP</b>	
<b>ADDRESS AND PHONE</b>		<b>HOW DID YOU HERE ABOUT SHIPS AHOY CHILD CARE?</b>		

**EDUCATION:**

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED?    YES                    NO

IF NO, HIGHEST GRADE COMPLETED: \_\_\_\_\_

**COLLEGE:**

NAME OF COLLEGE	LOCATION	DATE GRADUATED
DEGREE	MAJOR	MINOR

**TRAININGS OR OTHER CERTIFICATES:**

LIST ANY LICENSES, TRAININGS, CERTIFICATES, EARLY CHILDHOOD CREDITIALS OR EDUCATIONAL CERTIFICATES	EXPIRATION DATE

**PREVIOUS EMPLOYMENT:**

SERVICE DATES	NAME OF EMPLOYER	ADDRESS (CITY, STATE, ZIP) & PHONE NUMBER	POSITION	REASON FOR LEAVING
FROM:  TO:				
FROM:  TO:				
FROM:  TO:				

**REFERENCES:**

**PROFESSIONAL REFERENCES**

<b>NAME</b>	<b>ADDRESS (CITY, STATE, ZIP) &amp; PHONE NUMBER</b>	<b>RELATIONSHIP</b>	<b>YEARS KNOWN</b>

**PERSONAL REFERENCE**

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**HAVE YOU EVER BEEN CONVICTED OF, OR ENTERED A PLEA OF GUILTY, OR NOLO CONTENDERE TO ANY CRIME INVOLVING VIOLENCE AGAINST A PERSON; CHILD ABUSE OR NEGLECT; POSSESSION, SALE, OR DISTRIBUTION OF ILLEGAL DRUGS; SEXUAL MISCONDUCT; GROSS IRRESPONSIBILITY OR DISREGARD FOR THE SAFETY OF OTHERS; OR ANIMAL CRUELTY?      YES      NO**

**IF YES, PLEASE EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO YOU HAVE PENDING CHARGES TO ANY CRIME INVOLVING VIOLENCE AGAINST A PERSON; CHILD ABUSE OR NEGLECT; POSSESSION, SALE, OR DISTRIBUTION OF ILLEGAL DRUGS; SEXUAL MISCONDUCT; GROSS IRRESPONSIBILITY OR DISREGARD FOR THE SAFETY OF OTHERS; OR ANIMAL CRUELTY?      YES      NO**

**IF YES, PLEASE EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**APPLICANT/EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

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, my employment may be terminated at any time.

\_\_\_\_\_  
**APPLICANTS INITIALS**

\_\_\_\_\_  
**DATE**



In connection with this application I understand that to be considered for employment Oklahoma DHS requires that investigative background inquiries are to be made on me. Law enforcement agencies and other entities for identification purposes require the following information when checking records. It is confidential and will not be used for any other purpose:

**Please Print Clearly**

Print Full Name: \_\_\_\_\_ Sex: Male Female

Print Alias: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Current Drivers License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Drivers License #s: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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, my employment may be terminated at any time.

\_\_\_\_\_  
**APPLICANTS INITIALS**

\_\_\_\_\_  
**DATE**