



Central Oklahoma Family Medical Center, Inc. is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, gender identity or military or veteran status in accordance with federal law. In addition, Central Oklahoma Family Medical Center, Inc. complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Central Oklahoma Family Medical Center, Inc. also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

**GENERAL**

Full Name (First Middle Last)			Today's Date
Street Address		City	State Zip
Home Phone Number	Mobile Phone Number	Other Phone Number	
Email Address		Expected Salary (Dollar amount only)	
How did you hear about this opening (i.e. list name, Facebook, Website, etc.)?			
What position you are applying for (be specific):			Date you are available to start?
Are you over 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, can you furnish a work permit <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO  Have you <b>applied</b> for employment with us before: <input type="checkbox"/> YES <input type="checkbox"/> NO  Have you ever been employed with us before? <input type="checkbox"/> YES <input type="checkbox"/> NO  May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO  Are you available to work: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PRN  Can you travel if the job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO  Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you currently authorized to work for all employers in the United States on a full time basis, or only for your current employer? <input type="checkbox"/> All Employers <input type="checkbox"/> Only Current Employer  Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status): <input type="checkbox"/> YES <input type="checkbox"/> NO  <i>Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, COFMC will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.</i>	

**EDUCATION**

(Use blank page for additional entries) MUST BE A HIGH SCHOOL GRADUATE OR POSSESS A GED

NAME OF SCHOOL (Include City and State of School)	List Diploma or Degree Earned / Year Graduated	Legal Name While Attending (First Middle Last)
NAME OF HIGH SCHOOL ATTENDED OR GED  City/State:		
NAME OF COLLEGE ATTENDED  City/State:		
OTHER  City/State:		

**LICENSE / CERTIFICATION**

(Use a blank page for additional entries) (i.e. DRIVER LICENSE, MD, DO, LPN, RN, ARNP, CPR, BLS, BHCM II, RMA, CNA, MLT, Dental Asst, etc.)

Type of License	State Granting License	License Number and expiration date

**WORK HISTORY**

Complete for all employment/unemployment (7 year history), BEGINNING WITH MOST RECENT. (Use a blank page for additional entries)

Start Date:	End Date:	Company (Name, City/State, Phone)(May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO):
Starting salary:	Ending Salary:	Job Title or Position Name:
Describe your job duties:		
Why were you terminated or why are you leaving this employer?		

Start Date:	End Date:	Company (Name, City/State, Phone)(May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO):
Starting salary:	Ending Salary:	Job Title or Position Name:
Describe your job duties:		
Why were you terminated or why are you leaving this employer?		

Start Date:	End Date:	Company (Name, City/State, Phone)(May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO):
Starting salary:	Ending Salary:	Job Title or Position Name:
Describe your job duties:		
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Start Date:	End Date:	Company (Name, City/State, Phone)(May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO):
Starting salary:	Ending Salary:	Job Title or Position Name:
Describe your job duties:		
Why were you terminated or why are you leaving this employer?		

**REFERENCES**

Please list three references (No relatives please) PRINT CLEARLY

REFERENCE NAME	RELATIONSHIP	REFERENCE CONTACT INFORMATION (Mailing address is required for reference checks)
		Phone:  Mailing Address:
		Phone:  Mailing Address:
		Phone:  Mailing Address

**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION**

During the application process and, if hired, during employment, I agree to participate (if so requested by the Company and as not prohibited by applicable law) in testing to determine whether employees are under the influence of controlled drugs or illegal substances. Such tests or examinations will be performed by qualified professionals selected by the Company.

My signature attests to the fact that the information that I have provided on my application, resume, given verbally, or provided on any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

**The Company or its agents may seek to verify the information on this application. As such, I hereby authorize the Company or its agents to contact any former employer or any representative of any other organization to which I have made reference in this application, and I hereby authorize said employer and/or representative to provide information to the Company on my behalf.**

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

**I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.**

This application will remain active for 90 days. All applications older than 90 days will be archived and all applicants must reapply for any vacancies. If the applicant is applying for multiple positions an application is required for each position.

I understand that any offer for employment will be contingent on passing a drug screening and background check.

I acknowledge that I have read all of the above statements, and that I understand them. I voluntarily provide the below information.

\_\_\_\_\_

**Print Full Name (First Middle Last)**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Social Security Number**

\_\_\_\_\_

**Date of Birth**

\_\_\_\_\_

**Signature**