



Oklahoma Primary Care Association

STRENGTHENING ACCESS TO AFFORDABLE, COMMUNITY-BASED HEALTH CARE

APPLICATION FOR EMPLOYMENT

Oklahoma Primary Care Association (hereafter referred to as OKPCA) is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, color, sex, religion, national origin, disability and prohibits discrimination based on age. (Public Law 90-202 Reference ADA of 1992)

The organization will maintain a drug free and smoke free environment.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Date: _____

PERSONAL:

Last Name: _____ First Name: _____ MI: _____

Present Address: _____

City: _____ State: _____ Zip: _____ Mobile Phone: _____

Home Phone: _____

Are you a citizen of the United States or do you have the legal right to be employed in the U.S.?

YES NO

Are you at least 18 years of age? YES NO

EMPLOYMENT DESIRED:

Are you seeking: Full-time _____ Part-time _____ Temporary Employment _____

Position applied for: _____ Pay desired: _____

Date available to start: _____

Have you ever applied to OKPCA before? YES NO

Have you ever worked for OKPCA before? YES NO

If the answer to either of the above questions is yes, when did you apply or work for OKPCA:

How did you learn of OKPCA and/or the Position? _____

Are you now or do you expect to be engaged in any other business or employment? YES NO

Are there any days or hours you are unable or unwilling to work? YES NO

If yes, please specify those days/hours you cannot work: _____

EDUCATION:

Name, Address & Location	Date	Graduate	Course of Study
High School	From To	<input type="checkbox"/> YES <input type="checkbox"/> NO	Diploma
College	From To	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
Any additional education	From To	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
Vocational/Trade School	From To	<input type="checkbox"/> YES <input type="checkbox"/> NO	Certificate/Diploma

If you did not graduate, why did you leave? _____

Are you planning to pursue further education? YES NO

If so, when, where, and what courses? _____

List any scholastic honors and/or offices held and activities involved in during high school and/or college: _____

List and describe any other specialized training: _____

LICENSURE:

List current professional registration/license number: _____ State: _____

Issue Date: _____ Expiration Date: _____

Have you applied for Oklahoma professional licensure/registration? YES NO

Date applied: _____

MILITARY:

Have you ever served in the military? YES NO

Service Branch: _____ Date Entered: _____

Date Separated: _____ Final Rank: _____

OKPCA Policy:

Will you abide by the safety rules of OKPCA? YES NO

Are you willing to take a physical exam and drug screen at OKPCA's expense? YES NO

I understand OKPCA may conduct a criminal background check on me. YES NO

WORK HISTORY:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, please give firm's name and supply business references.

PLEASE GIVE MONTH AND YEAR

Name of Employer: Address: City, State, Zip:	Name and Title of Last Supervisor:	Dates Employed From: Mo. Yr. To: Mo. Yr.	Pay Starting \$ Pay Ending \$
Telephone # ()	Nature of Business:		
Title:	Reason for Leaving:		
Duties:			

Name of Employer: Address: City, State, Zip:	Name and Title of Last Supervisor:	Dates Employed From: Mo. Yr. To: Mo. Yr.	Pay Starting \$ Pay Ending \$
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Telephone # ()	Nature of Business:		
Title:	Reason for Leaving:		
Duties:			

If you have ever worked under a different name, please give that name: _____

Are you presently employed? YES NO

If yes, may we contact your present employer? YES NO

SPECIAL SKILLS

Do you type? YES NO Words per Minute _____

Have you had any experience or training with the following? (Mark Y or N for each item)

___ Windows 2007 ___ Internet Explorer

Microsoft Office: ___ Word ___ Excel ___ PowerPoint ___ Access ___ Outlook

Adobe Products: ___ Acrobat ___ Photoshop ___ Illustrator ___ In Design

Do you speak any other languages besides English? If so, list: _____

Do you know medical terminology? YES NO

Use the space below to describe why you are interested in working for our association and list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

In addition to getting to and from work, there is often additional travel required.

Do you have reliable transportation? YES NO

Do you have, at the very least, liability insurance on this vehicle? YES NO

Do you have a valid Oklahoma driver's license? YES NO

REFERENCES:

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

I certify that the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that Oklahoma Primary Care Association shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application. I understand that no person is authorized to offer employment on behalf of Oklahoma Primary Care Association without the express written consent of the Executive Director.

Signature _____ Date _____

OKPCA COMPANY USE ONLY

Interviewed by: _____ Remarks: _____

If hired, anticipated employment date: _____

Date driver's license and auto liability coverage verified: _____