

# Employment Application

- Office Use
- Monday-Friday
- Overnights
- Weekends
- Residential
- Vocational

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street Address Apt. #  
 \_\_\_\_\_  
 City State Zip Code

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security#: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever worked for ABLE?  YES  NO If YES, when? \_\_\_\_\_

Have you served in the military?  YES From: \_\_\_\_\_ To: \_\_\_\_\_

Are you a citizen of the United States?  YES  NO If NO, are you authorized to work in the U.S.?  YES  NO

Have you ever been convicted of a felony?  YES  NO  
 If YES, explain \_\_\_\_\_

Have you ever worked with vulnerable adults?  YES  NO  
 If YES, explain \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO GED  YES  NO

College: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

## References

*Please list three personal references that are not currently employed by Able*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## Previous Employment

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

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

Job Title: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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

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

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

Job Title: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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

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

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

Job Title: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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

### Disclaimer and Signature

*I certify that the information given on this application is true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Employment Application Supplement



General Information

Applicant (print)

Date

Able

Provider agency

A community services worker (CSW) may be prosecuted criminally for having sexual contact with a person in their care. CSW's must sign this form per Section 1430.3 of Title 10 of the Oklahoma Statutes known as the Breanna Bell Act.

As I apply for a job as a CSW, I understand:

- prior to hiring me, the community services provider is required by Oklahoma law to conduct a search of:
  - criminal history records with Oklahoma State Bureau of Investigation (OSBI); and
  - Oklahoma Department of Human Services (DHS) Community Services Worker Registry (Registry);
- the community services provider is prohibited by Oklahoma law from hiring, contracting with, or using as a volunteer, any person:
  - convicted, plead guilty, or plead *nolo contendere* to misdemeanor assault and battery or a felony, except under circumstances described in Oklahoma Administrative Code (OAC) 340:100-3-39; or
  - whose name appears in the Registry;
- my employment may be terminated if my name appears in the Registry, even though my name may not have been in the Registry at the time of my application or my hiring;
- I must report to the community services provider all of my current and previous employers who provide services to children and adults who are vulnerable;
- giving false information regarding my current and previous employers may result in termination of my employment; and
- Section 405.3 of Title 10 of the Oklahoma Statutes requires DHS to establish and maintain a Restricted Registry, also named Joshua's list. Individuals recorded on the Restricted Registry are prohibited from licensure, ownership, employment, unsupervised access to children, and or residence in a facility or program, licensed, certified, operated, or contracted by, or with, DHS. Foster parents who contract with DHS are also subject to the Restricted Registry.

Signatures

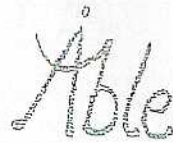
Applicant signature

Date

Routing

Original - community services worker personnel record

Copy - community services worker



# Application Training Summary

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Have you completed any of the following DDS required training?

	DDS Classroom	Other	CDS On-line Training	Date of Training (or approx. date)
Foundations				
Effective Teaching				
Effective Teaching 2				
Health Day 1				
Health Day 2				
Ethical, Legal/Nuts and Bolts				
Skill Building				
Communication				
Connections				
Health Care Coordination				
General Employment Training (GET)				
Employment Training Specialist Orientation (ETSO)				
(NEW) IP Training				
Quality Assurance				
Program Coordination Orientation				

Do you hold current certifications in any of the following?

	Date of Training	Certificate Expires
CPR		
First Aid		
DDMAT		