

Youth Services for Oklahoma County, Inc.
APPLICATION FOR EMPLOYMENT
ACKNOWLEDGEMENT

PLEASE READ BEFORE SIGNING THE EMPLOYMENT APPLICATION

If you have any questions regarding this acknowledgment, please ask them before signing. This is part of the employment application and, if the applicant is hired, will also control certain aspects of the employment relationship.

I certify that all statements made by me on this application are **true** and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application or subsequent employment unfavorably. Moreover, I understand that any pertinent omission or misrepresentation of fact may result in refusal of employment or immediate dismissal.

I understand that applicants may be subjected to background investigations including, but not limited to, the areas of criminal record, driving record and prior employment. As a condition of employment, I agree to promptly submit to psychological, physical or other such testing as Youth Services for Oklahoma County, Inc. deems necessary or appropriate in connection with my employment, and I understand that failure to submit to any such test will result in a revocation of any offer of employment.

If employed by Youth Services for Oklahoma County, Inc., I will comply with all rules and regulations set forth from time to time in Policies and Procedures manuals and in other communications distributed to employees. I understand that the company policies and procedures and other forms of communication are not intended to be nor create a contract of employment. I understand that as a condition of continued employment, I agree to submit to all physical and psychological examinations as requested. Youth Services for Oklahoma County, Inc. may supply information obtained from such tests, investigations and evaluations, or otherwise contained in my personnel files and medical files, to any government agency or other party with a lawful or proper interest therein, and I hereby authorize and consent to the disclosure of all such information by Youth Services for Oklahoma County, Inc.

I understand that: **ACCORDINGLY, EMPLOYMENT WITH YOUTH SERVICES FOR OKLAHOMA COUNTY, INC. CAN BE TERMINATED AT ANY TIME, BY YOUTH SERVICES FOR OKLAHOMA COUNTY, INC. OR BY ME, WITH OR WITHOUT PRIOR NOTICE, WARNING OR DISCIPLINARY ACTION, AND FOR ANY OR NO REASON, WITH OR WITHOUT CAUSE.**

APPLICANT'S SIGNATURE

DATE

Youth Services for Oklahoma County, Inc. is an equal opportunity employer and our policy is to provide equal opportunity for all employees or applicants without regard to race, color, sex, religion, age, disability, national origin, status as a veteran or disabled veteran (except where a bona fide occupational qualification is appropriate). Equal employment opportunity includes, but is not limited to, hiring, compensation, training, promotion, transfer, demotion and termination.

**Youth Services for Oklahoma County, Inc.
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Please include all employment. Start with your present or most recent employment	
E M P L O Y M E N T	Company Name Telephone
	Address Employment (Month & Year) From To
	Name of Supervisor Title Salary Start Last
	State Job Title and Describe Your Work Reason for Leaving May we check this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
H I S T O R Y	Company Name Telephone
	Address Employment (Month & Year) From To
	Name of Supervisor Title Salary Start Last
	State Job Title and Describe Your Work Reason for Leaving May we check this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
E M P L O Y M E N T	Company Name Telephone
	Address Employment (Month & Year) From To
	Name of Supervisor Title Salary Start Last
	State Job Title and Describe Your Work Reason for Leaving May we check this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any voluntary or charitable work or project, or internship, apprenticeship, research, or other experience you have had which has enabled you to develop skills and/or knowledge that would help you to perform the duties of the position for which you are applying.	
V O L U N T E E R W O R K	Name and Location of Organization/Project Dates From To
	Work Performed; Skills and Knowledge Gained Your Position
	Your Supervisor or Contact Person who would have knowledge of your work (provide address and telephone number)
<hr/>	
V O L U N T E E R W O R K	Name and Location of Organization/Project Dates From To
	Work Performed; Skills and Knowledge Gained Your Position
	Your Supervisor or Contact Person who would have knowledge of your work (provide address and telephone number)

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Personal References:

Name and Occupation

Address

Telephone Number

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I affirm that all information provided on this employment application is true and complete to the best of my knowledge and belief and that, if employed, any pertinent misstatement or omission of fact on this application may be grounds for dismissal.

I authorize Youth Services for Oklahoma County, Inc. to investigate all statements made and information provided on this application, in any resume I may submit, and in any interview in which I may participate.

I further authorize Youth Services for Oklahoma County, Inc. to contact and obtain information regarding me from all references, supervisors, and employers identified on this application, in any resume I may submit, and in any interview in which I may participate.

I UNDERSTAND THAT THIS APPLICATION DOES NOT CONSTITUTE AN OFFER OF EMPLOYMENT AND THAT IT DOES NOT CREATE, NOR IS IT INTENDED TO CREATE, A CONTRACT OF EMPLOYMENT.

I UNDERSTAND THAT EMPLOYMENT WITH YOUTH SERVICES FOR OKLAHOMA COUNTY, INC. IS TERMINABLE AT WILL, WHICH MEANS THAT EMPLOYMENT WITH YOUTH SERVICES FOR OKLAHOMA COUNTY, INC. CAN BE TERMINATED AT ANY TIME, BY YOUTH SERVICES FOR OKLAHOMA COUNTY, INC. OR BY ME, WITH OR WITHOUT PRIOR NOTICE, WARNING OR DISCIPLINARY ACTION, AND FOR ANY OR NO REASON WITH OR WITHOUT CAUSE.

_____ Date

_____ Signature

*If you are applying for a full-time position in the **Community Intervention Center** or **Youth Emergency Shelter (Family Junction)**, please read and acknowledge the following:*

I understand I am applying for work in a service program that operates 24 hours a day, 7 days a week and I voluntarily agree that my work hours and days can be changed at any time to meet the needs of the program during my tenure.

_____ Date

_____ Signature