

Western Oklahoma Workforce Development Board (WOWDB)

APPLICATION FOR EMPLOYMENT

1116 19th St, Woodward, OK 73801

The WOWDB believes that equal opportunity for all employees is important for the continuing success of our organization. In accordance with State and Federal law, this Agency will not discriminate against an employee or applicant for employment because of race, disability, color, creed, religion, sex, age, national origin, ancestry, citizenship, veteran status, or non-job-related factors in hiring, promoting, demoting, training, benefits, transfers, layoffs, terminations, recommendations, rates of pay, or other forms of compensation. Opportunity is provided to all employees based on qualifications and job requirements.

Instructions:

Please Print and complete all fields as incomplete information could disqualify you from further consideration. Application is good for 90 days and consideration for employment after 90 days requires a new application.

NAME: First	M.I.	Last	Date (mm/dd/yyyy)	Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you 18 years or over? Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address			State	Zip Code	Mailing Address if different:
Telephone Number(s):			Email Address:		
Position desired:	Can you perform the essential duties of the position for which you are applying, with or without accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>	How did you hear about WOWDB?		When are you available for work?	

Education	Name and Location of School	# Years Completed	Degree Rec'd.	Major Courses of Study
High School or GED				
Technical or Trade School				
College or University				
Other				

NOTE: If you are applying for a position that requires college graduation, an official college transcript must be submitted.

Professional or Trade Licenses/certificates:

Have you completed any special courses, seminars, and/or training directly related to the position for which you are applying?

Skills — Please indicate training or experience. Check all that apply.

<input type="checkbox"/> Typing _____ wpm	<input type="checkbox"/> Windows Exchange	<input type="checkbox"/> Web Design	<input type="checkbox"/> Windows	<input type="checkbox"/> Accounting	<input type="checkbox"/> Mac/Apple	MS Word	<input type="checkbox"/> Novice	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
<input type="checkbox"/> Webinar software	<input type="checkbox"/> 10-Key	<input type="checkbox"/> Programming	<input type="checkbox"/> A/R	<input type="checkbox"/> A/P	<input type="checkbox"/> Payroll	MS PowerPoint	<input type="checkbox"/> Novice	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
Other:						MS Excel	<input type="checkbox"/> Novice	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
						MS Outlook	<input type="checkbox"/> Novice	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
						MS Access	<input type="checkbox"/> Novice	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert

Do you possess a valid Oklahoma Driver's License: Yes No Type: _____ Operator's License #: _____

Chauffeur License #: _____ Commercial License #: _____

Is there anything else you would like us to know about you?

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WORK EXPERIENCE: List last 10 years of employment, including periods of unemployment starting with most recent and work backward in time.

Employer	Dates Employed	Duties	
Address City, State Zip Code	From To		
Title of Position:			
Supervisor's Name and	Telephone Number	Reason for Leaving	

Employer	Dates Employed	Duties	
Address City, State Zip Code	From To		
Title of Position:			
Supervisor's Name and	Telephone Number	Reason for Leaving	

Employer	Dates Employed	Duties	
Address City, State Zip Code	From To		
Title of Position:			
Supervisor's Name and	Telephone Number	Reason for Leaving	

Employer	Dates Employed	Duties	
Address City, State Zip Code	From To		
Title of Position:			
Supervisor's Name and	Telephone Number	Reason for Leaving	

Employer	Dates Employed	Duties	
Address City, State Zip Code	From To		
Title of Position:			
Supervisor's Name and	Telephone Number	Reason for Leaving	

PLEASE READ BEFORE SIGNING

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or if employed, termination from employment
2. It is my understanding that WOWDB may make a thorough investigation and may verify all data given in this application. I hereby authorize my present and previous employers and educational institutions to provide information requested by WOWDB.
3. I agree that my employment may be terminated by WOWDB at any time without liability for wages or salary except such as may have been earned at the time of such termination.
4. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for WOWDB to hire me. If I am hired, I understand that it is not for any specific time period or duration, and that either WOWDB or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of WOWDB has the authority to make any assurance to the contrary.

This is an application for employment. Employment is not being offered at this time. I understand that if I am employed, such employment is for an indefinite period of time and that WOWDB can change wages, benefits, and conditions at any time.

If employed, I will comply with all rules and regulations as set forth in the WOWDB Personnel Policy and other policies as established by WIOA procedures.

I have read or have had this application read to me and understand all statements and questions contained in the application for employment, and have answered to the best of my ability.

Proof of Identity and Eligibility to Work in the United States will be required upon employment.

You may contact my present employer:	Applicants signature:	Date
Yes <input type="checkbox"/> No <input type="checkbox"/>		

WOWDB is an Equal Opportunity employer / program. Auxiliary aids and services are available upon request to individuals with disabilities. This presentation was financed in whole or in part by funds from the US Department of Labor as administered by the Oklahoma Office of Workforce Development.

DO NOT WRITE IN THIS AREA — FOR OFFICE USE ONLY

Background check clear?
Yes No

Date Hired

Starting Salary
