



Northeast Oklahoma Community Action Agency, Inc.
856 E. Milton Drive, POB# 603
Jay, OK 74346
Phone: 918-253-4291 ext 17 Email: hhsel@noca.org

It is our policy to consider all applicants and employees without regard to race, color, religion, sex, national origin, marital status, age, disability, or membership in a recognized uniformed service.

Please inform the Human Resources Director if you require an accommodation in order to participate in the application process.

Serving Adair, Cherokee, Craig, Delaware and Ottawa Counties

APPLICATION FOR EMPLOYMENT (Please print clearly in ink.)

IMPORTANT NOTICE: This is a very significant document. Answer each item accurately and completely, as failure to do so may result in not being considered for the position or termination, if inaccurate or omitted information is discovered after employment has begun. Please attach additional sheet(s), if space provided is insufficient.

Date: _____ Your Initials: _____

PERSONAL INFORMATION

NAME			DATE OF APPLICATION	
_____			_____	
LAST	FIRST	MIDDLE		
_____	_____	_____		
LIST ALL OTHER NAMES BY WHICH YOU HAVE EVER BEEN KNOWN				

PRESENT ADDRESS				

STREET/UNIT NUMBER		CITY	STATE	ZIP
_____		_____	_____	_____
PHONE NUMBER		ALTERNATE OR MESSAGE PHONE NUMBER		EMAIL ADDRESS
_____		_____		_____
ARE YOU 18 YEARS OF AGE OR OLDER?		IF HIRED, CAN YOU PROVIDE PROOF OF AUTHORIZATION TO WORK IN THE U.S.A.?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes		

EMPLOYMENT DESIRED

POSITION	

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	WHO REFERRED YOU TO US
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
HAVE YOU EVER APPLIED TO US BEFORE?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
IF YES, PLEASE INDICATE: WHEN? _____	WHERE? _____
HAVE YOU EVER WORKED FOR US BEFORE?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
IF YES, PLEASE INDICATE: WHEN? _____	WHERE? _____
DO YOU HAVE FRIENDS OR RELATIVE WORKING FOR US?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
IF YES, PLEASE INDICATE: NAME? _____	RELATIONSHIP? _____

EDUCATION (NEOCOA. does not require education as a criterion for employment unless it is expressly required by law or funding source for the position)

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	DIPLOMA / DEGREE? MAJOR/MINOR AREAS OF STUDY
HIGH SCHOOL	_____	_____	<input type="checkbox"/> No	_____

			<input type="checkbox"/> Yes	
COLLEGE(S)			<input type="checkbox"/> No <input type="checkbox"/> Yes	
			<input type="checkbox"/> No <input type="checkbox"/> Yes	
Special skills, training, apprenticeships, etc. acquired from employment or other experience				

FORMER EMPLOYERS Complete this page in full, if applicable. The comment, "Please see resume", is not an acceptable response. Begin with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disability, or other protected status.

PRESENT OR LAST EMPLOYER				
ADDRESS			AREA CODE + PHONE NUMBER	
STARTING DATE	LEAVING DATE	JOB TITLE	STARTING SALARY	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	AREA CODE + PHONE NUMBER	
TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON FOR LEAVING			
DESCRIPTION OF WORK				

PRIOR EMPLOYER				
ADDRESS			AREA CODE + PHONE NUMBER	
STARTING DATE	LEAVING DATE	JOB TITLE	STARTING SALARY	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	AREA CODE + PHONE NUMBER	
TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	EXACT REASON FOR LEAVING			
DESCRIPTION OF WORK				

NEXT PRIOR EMPLOYER				
ADDRESS			AREA CODE + PHONE NUMBER	
STARTING DATE	LEAVING DATE	JOB TITLE	STARTING SALARY	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	AREA CODE + PHONE NUMBER	
TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	EXACT REASON FOR LEAVING			
DESCRIPTION OF WORK				

NEXT PRIOR EMPLOYER				
ADDRESS			AREA CODE + PHONE NUMBER	

STARTING DATE	LEAVING DATE	JOB TITLE	STARTING SALARY	FINAL SALARY
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	AREA CODE + PHONE NUMBER	
TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	EXACT REASON FOR LEAVING			
DESCRIPTION OF WORK				

MISCELLANEOUS JOB-RELATED INFORMATION

Some of our clients do not speak English. Do you speak, write, or understand any languages other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please indicate which languages:	<input type="checkbox"/> Speak _____ <input type="checkbox"/> Read _____ <input type="checkbox"/> Write _____ <input type="checkbox"/> Speak _____ <input type="checkbox"/> Read _____ <input type="checkbox"/> Write _____
Do you have other experience, training, qualifications, or skills which make you especially suited for work at NEOCAA? If so, please explain.	
List professional, trade, business, or civic activities and offices held. You may exclude information which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.	
Have you ever had any job-related training in the United States military? If so, please explain.	
Do you have or do you anticipate having any commitments to any other entity, business, or person that might create conflict regarding your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
DRIVER LICENSE NUMBER _____ STATE _____ EXPEIRATION DATE _____ Please provide this information if applying for a position that will require the use of a motor vehicle.	

PERFORMANCE OF JOB-RELATED FUNCTIONS

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", please describe the functions that cannot be performed. _____ <i>Note: We comply with the ADA, and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and/or skill and agility tests.</i>
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR)? <input type="checkbox"/> NO <input type="checkbox"/> YES If so, please state nature of the crime(s), when and where convicted, and disposition of the case. _____ _____ <i>Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position applied for may, however, be considered.</i>
IS THERE ANY REASON WHY YOU WOULD NOT BE ABLE TO FULLY CONFORM TO ALL ATTENDANCE REQUIREMENTS? <input type="checkbox"/> NO <input type="checkbox"/> YES If so, please describe fully. _____

PROFESSIONAL REFERENCES

Please list three professional references (individuals who have worked with you and are able to comment on your performance, skills and abilities)

Reference #1 NAME	
PHONE NUMBER(S)	
ADDRESS	
EMAIL ADDRESS (OPTIONAL)	
OCCUPATION	
YEARS KNOWN	
Reference #2 NAME	
PHONE NUMBER(S)	
ADDRESS	
EMAIL ADDRESS (OPTIONAL)	
OCCUPATION	
YEARS KNOWN	
Reference #3 NAME	
PHONE NUMBER(S)	
ADDRESS	
EMAIL ADDRESS (OPTIONAL)	
OCCUPATION	
YEARS KNOWN	

Please read the information below and initial to indicate your understanding and agreement to these terms by signing in the space provided. The application will not be considered if the signature has been omitted.

Please Read Carefully, Initial Each Paragraph, and Sign Below

_____ The application requests certain information to help NEOCAA evaluate your qualifications. Please provide us with
Initials any additional relevant information you would like us to consider.

_____ To the best of my knowledge, I declare that all responses on this application are true and complete. I agree that any
Initials purposeful untruth, misleading answer, omission, concealment, or failure to answer any question completely and accurately may be grounds for non hiring or for terminating of employment, if hired, regardless of the time elapsed before discovery.

_____ I understand NEOCAA is an at-will employer, and, if I am offered employment and I accept it, my employment is not
Initials confined to a fixed term and may be ended by either NEOCAA or myself without prior notice, as per Agency policies. I further understand that nothing contained in the application or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between the agency and me. In addition, I understand and agree that, if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the agency, and that no promises or representations contrary to the foregoing are binding on the agency unless made in writing and signed by the Executive Director of Northeast Oklahoma Community Action Agency, Inc.

_____ I authorize NEOCAA or NEOCAA’s agents to thoroughly investigate my references, work record, education, and
Initials other matters related to my suitability for employment and, further authorize the references I have listed to disclose to the agency any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the agency, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ Federal policies now require that Head Start agencies require all prospective employees to sign a declaration prior to
employment which lists:

- All pending and prior criminal arrests and charges related to child sexual abuse and their disposition
- Convictions related to other forms of child abuse and/or neglect; and
- All convictions of violent felonies.

The declarations may exclude:

- Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employees 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law;
- Any conviction for which the record has been expunged under Federal or State law; and
- Any conviction set aside under the Federal Youth corrections Act or similar State authority.

I **have not** been arrested, charged and/or convicted on any of the three types of offenses listed above.

Signature Date

I **have been** arrested, charged and/or convicted on one or more of the three types of offenses listed above.

Signature Date

If you answered yes, please list the date of arrest, the offense or charge and/or conviction, and other relevant information on the back of this page.

Signature

Date