

OKBRAND

OKBRAND COMPANIES

1042 S. 1ST STREET - PO BOX 220

MADILL, OKLAHOMA 73446

580.795.7311 800.654.4164

FAX 580.795.5841

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For _____ Date of Application _____

How did you learn about us? _____

Last Name _____ First Name _____ Middle Name _____

Address _____ Number _____ Street _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ (Voluntary) Social Security Number _____

Best time to contact you at home is AM
..... PM

If you are under 18 years of age, can you provide required
proof of your eligibility to work?.....yes no

Have you ever filed an application with us before?.....yes no
If yes, give date _____

Have you ever been employed with us before?.....yes no
If yes, give date _____

Do any of your friends or relatives, other than spouse, work here?.....yes no

Are you currently employed?.....yes no

May we contact your present employer?..... yes no

Are you prevented from lawfully becoming employed in this
Country because of Visa or Immigration Status?.....yes no
Proof of citizenship or immigration status will be required upon application

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full Time: What shift? Days Swing Night
Part Time: Mornings Afternoon Evenings
Temporary: Dates Available: /

Are you currently on "lay off" status and subject to recall?.....yes no

Can you travel if a job requires it?yes no

We are an equal opportunity employer.

EDUCATION

Name & address

Course of Study

Number of Years

Diploma Degree

Elementary
School

High School

Undergraduate
College

Graduate
Professional

Other
(Specify)

Describe specialized training, apprenticeship skills & extra-curricular activities.

Describe job-related training received in the United States Military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Name and Address:				
Telephone Number:				
Job Title:		Supervisor:		
Dates Employed: From	to	Wages	Starting	Final
Reason for Leaving				
Work Performed				

Name and Address:				
Telephone Number:				
Job Title		Supervisor:		
Dates Employed From	to	Wages	Starting	Final
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Telephone Number:				
Job Title:		Supervisor:		
Dates employed From	to	Wages	Starting	Final
Reason for leaving				
Work Performed				

List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, or age.)

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills\Equipment Operated)

___ Terminal	___ Spreadsheet	Production\Mobile Machinery(list)	Other (list)
___ PC\MAC	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
WPM ___	WPM ___	_____	_____
		_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes or No

REFERENCES

NAME	ADDRESS	TELEPHONE
1.	_____	_____
2.	_____	_____
3.	_____	_____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in My application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Wage _____ Department _____

By _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

PRE-EMPLOYMENT VOLUNTARY QUESTIONNAIRE

As an equal opportunity employer, we are obligated by Federal and State regulations to monitor our employment practices. To ensure the accuracy of this information, your assistance in this questionnaire will be greatly appreciated.

Information concerning race, sex, or veteran's status will not be used to discriminate against or give preference to any individual. This data will be kept separate from the personnel file and is used for statistical purposes only. Response is voluntary and answers will remain confidential.

EMPLOYEE'S NAME: _____
(please print)

SIGNATURE: _____ DATE: _____

POSITION FOR WHICH YOU ARE APPLYING: _____

Please complete the following information about yourself:

<p>RACE OR ETHNIC GROUP</p> <p>White (Person having origins in any one of the original peoples of Europe, North Africa, or the Middle East.)</p> <p>Black/African American (Person having origins in any of the Black racial groups of Africa.)</p> <p>American Indian or Alaskan Native (Person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.</p> <p>Asian (Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)</p> <p>Native Hawaiian or Other Pacific Islander (Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)</p> <p>Hispanic or Latino (Person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)</p> <p>Other (Please specify.)</p>
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<p>SEX Male Female</p>
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<p>VETERANS OF THE VIETNAM ERA</p> <p>A veteran of the Vietnam Era is a person who: served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged other than dishonorable; or was discharged or released from active duty for a service-connected disability if any part of such duty was performed August 5, 1964 and May 7, 1975.</p> <p>Are you a veteran of the Vietnam Era? yes no</p>
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<p>OTHER ELIGIBLE VETERANS</p> <p>An Other Eligible Veteran is defined as a veteran who served in a "war." This group also includes those veterans who served in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded, which includes a number of military engagements.</p> <p>Are you an Other Eligible Veteran? yes no</p>
