



Marie Detty Youth & Family Services, Inc  
317 SW C Avenue 580-250-1123  
Lawton, OK 73501 [rfa@mariedetty.com](mailto:rfa@mariedetty.com)

APPLICATION FOR EMPLOYMENT

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?  Advertisement  Friend  Inquiry  
 Employment Agency  Relative  Other

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Are you at least 21 years or older and provide required proof of your eligibility to work?  Yes  No

Have you ever been employed with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Do any of your friends or relative, other than spouse, work here?  Yes  No  
If yes, state name, relationship and location \_\_\_\_\_

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 employment.)**

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full time  
 Part time  
 Temporary  
 Volunteer

Please indicate Day, Evening, or Overnight Shift \_\_\_\_\_

Please indicate date available \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes  No

Do you have a valid driver's license?  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(If yes, explain. (Will not necessarily exclude you from consideration))		

Have you ever been convicted of a misdemeanor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(If yes, explain. (Will not necessarily exclude you from consideration))		

<b>EDUCATION:</b> Name and Address of School	Course of Study	Years Completed	Diploma/Degree Yes/No
High School			
Undergraduate College			
Graduate/ Professional			
Other (Specify)			

<b>Work Experience</b>		
Start 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, disabilities or other protected status.		
Employer: Address:	<b>Dates Employed</b> From      To	<b>Describe Work Performed</b>
Telephone Number(s)		
Starting/Present Job Title	<b>Hourly Rate/Salary</b> Starting      Final	
Supervisor		
Reason for leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer: Address:	<b>Dates Employed</b> From      To	<b>Describe Work Performed</b>
Telephone Number(s)		
Starting/Present Job Title	<b>Hourly Rate/Salary</b> Starting      Final	
Supervisor		
Reason for leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer: Address:	<b>Dates Employed</b> From      To	<b>Describe Work Performed</b>
Telephone Number(s)		
Starting/Present Job Title	<b>Hourly Rate/Salary</b>	
	2	

Supervisor: Reason for Leaving	<u>Starting</u> <u>Final</u> May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**


**Personal/Professional References: Give the names of three persons you are not related to, whom you have known at least one year.**

Name	Address	Phone #	Occupation
1.			
2.			
3.			

**Military Service Record-(DD 214 Required) Branch of Service**

<b>Branch of Service:</b>
<b>Discharge Date:</b>
<b>Rank:</b>

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I also understand that if employed I am required to abide by all rules and regulations of the employer.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I understand if employed I am required to submit to a T.B. test and a physical. I will ensure all documents pertaining to accepting a position will be submitted in a timely manner.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**APPLICATIONS WILL BE KEPT ON FILE FOR A PERIOD OF ONE (1) YEAR**