



941 East Cherry Street
Cushing, Ok. 74023
P: (918)223-9503
F: (918)223-9505
Email:christi@walkercompanions.com

EMPLOYMENT APPLICATION FORM

Please, complete the following pages in their entirety.

Date of Application / / .

Last Name:	First Name:	Middle Name:		
Street Number:	Street:	City:	State:	Zip:
How long at current address?				
Telephone #: () -		Social Security Number: - -		
Are you under the age of 18? <input type="checkbox"/> YES <input type="checkbox"/> NO Can you provide proof of your eligibility to work? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Are you currently authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO Proof of eligibility will be required if hired.				

Position Applied for (please select one): ☐ LPN ☐ RN ☐ THERAPIST ☐ OTHER

How many hours will you be able to work on average, per week? _____

When are you available to start work? _____

Days/hours available to work: ☐ No preference/hours may vary week to week

☐ Monday ☐ Thursday

☐ Tuesday ☐ Friday

☐ Wednesday ☐ Saturday

☐ Sunday

Please, include shifts
next to avail days.

EDUCATION: Please, include High School, any college, technical/vocational schools, etc.

Name/Type of School:	Location:	# of yrs completed	Major & Degree Earned

Have you ever been convicted of a crime? ☐ Yes ☐ No (A conviction record will not necessarily disqualify you from employment.)

Were you referred by an employee of Walker Companion Services, LLC? ☐ Yes ☐ No
If so, please provide their name: _____

Military Experience

Have you ever been in the armed forces? ☐ Yes ☐ NO If so, when? _____

Are you CURRENTLY a member of the armed forces? ☐ Yes ☐ NO

If yes, what is your specialty? _____ Date Entered: _____ Discharged: _____



WORK EXPERIENCE

Please, provide a list of your work experience, beginning with your current or most recent job held. If you were self-employed, please give firm name. You may use the back of this sheet if additional space is needed.

Most Recent:

May we contact your present employer? _____

Name of Employer:		Job Title:	
Address:	City:	State:	Zip:
Phone Number:			
Employment Date: From:		To:	Pay/Salary:
Name of Last Supervisor:		Contact Number:	
Reason for leaving, please be specific:			

Name of Employer:		Job Title:	
Address:	City:	State:	Zip:
Phone Number:			
Employment Date: From:		To:	Pay/Salary:
Name of Last Supervisor:		Contact Number:	
Reason for leaving, please be specific:			

Name of Employer:		Job Title:	
Address:	City:	State:	Zip:
Phone Number:			
Employment Date: From:		To:	Pay/Salary:
Name of Last Supervisor:		Contact Number:	
Reason for leaving, please be specific:			



Have you worked or attended school under any other names? _____ Yes _____ No

If yes, give names: _____

Have you ever been fired from a job or asked to resign? _____ Yes _____ No

If yes, please explain: _____

Give three references who are not relatives:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ CAREFULLY

I hereby authorize the Walker Companion Services, LLC to contact, obtain, and verify the accuracy of the information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Walker Companion Services, LLC and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Initials: _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation _____ Yes _____ No

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Applicant Signature: _____ Date: _____

Applicant Name (print): _____