

MPower
P.O. Box 1509
Stillwater, OK 74076

<u>Application Circulation</u>	
Business Office	_____
Center-Based	_____
Receptionist	_____
Residential	_____
Supported Empl	_____

PRE-EMPLOYMENT SCREENING

On November 1, 1997, the Oklahoma Statutes enacting the Community Services Registry was adopted. The Department of Human services DDS Division implemented policy OAC 340:100-3-39 requiring pre-employment screening of all community service workers hired after July 1, 1999. The pre-employment screening requires that: (1) Providers of community services to persons with developmental disabilities conduct both a criminal history records search (O.S.B.I.), and a Community Services Registry check prior to permanent employment of any community services worker, (2) the community services provider does not hire, contract with, or use as a volunteer, a person whose name is listed in the registry or who has a criminal background which would preclude employment due to the nature of the offense as listed in any Department of Human services contract standards.

WAIVER FOR RELEASE OF CRIMINAL HISTORY INFORMATION

Full Name: _____ Date of Birth: _____

Address: _____
Street or P.O. City State Zip

Social security #: _____ Drivers license #: _____

I hereby grant my permission for MPower to obtain information regarding my criminal history from the Oklahoma State Bureau of Investigation or other law enforcement agencies. I also grant my permission for MPower to check with the Community Services Registry for any history of confirmed findings of abuse, neglect or exploitation. I understand that I will not be eligible for employment with MPower if I refuse to allow this inquiry, or if I have been convicted of a felony or misdemeanor as stated in the contract between MPower and the Department of Human Services. I also understand that my continued employment with the agency is contingent on my having a clear record.

Further, I understand that if I am convicted of a felony or misdemeanor during the time of employment, I will be subject to immediate dismissal. Likewise, if a confirmed finding of abuse, neglect, or exploitation is registered with the Community services Registry during my employment, I can be subject to immediate dismissal. I agree that MPower has my permission to recheck my criminal history at any time during my employment with the agency.

Proof of Citizenship or immigration status will be required upon employment. Testing for drugs will be conducted.

Applicant Signature: _____ Date: _____

Employment Application Form MPower

Applicants and Employees will be tested for illegal drugs.

Date: _____

Name: _____
Last First Middle

Maiden: _____

Current Address: _____
Number Street

City State Zip

Social Security # ____ - ____ - ____

Telephone (____) _____ Alternate # (i.e. Cell, etc) (____) _____

When are you available to work? _____

Position(s) Applying For:

Days/Hours Available to Work:

- (1) _____
- (2) _____
- (3) _____

No Preference ____ Thurs. ____
 Mon. ____ Fri. ____
 Tue. ____ Sat. ____
 Wed. ____ Sun. ____

How many hours can you work weekly? _____ Can you work nights? _____

Employment Desired: Full time _____ Part time _____

EDUCATION

Schools	Name and Complete Address of School	Dates Completed	Major/Degree
High School			
College			
Business or Trade School			
Professional School			

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please explain: _____

PLEASE READ CAREFULLY

The information provided in this application is true and correct to the best of my knowledge. If employed, any misrepresentation or omission of the facts on this application may result in my dismissal.

I authorized MPower to request a background check from the Oklahoma State Bureau of Investigation, Community Services Registry, Workers Compensation Claims and the Department of Motor Vehicles for a motor vehicle report.

I understand that an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature: _____ Date: _____

MPower is an Equal Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with MPower depends solely on your qualifications.

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

To Be Completed By Employer

Date of Employment: _____ Job Title: _____ Dept: _____

Rate of Pay: _____ Full time: _____ Part time _____ Salaried: _____

Name of person verifying information: _____

Name of person authorizing employment: _____

Work Experience

Please list your work experience for the **past five years** beginning with the most recent job. If you were self-employed, please give firm name. **Attach additional sheets if necessary.**

Name of Employer: _____ Name of Supervisor: _____

Address: _____ Employed From: _____ To: _____

City, State, Zip: _____ Your Job Title: _____

Telephone: _____ Rate of Pay or Salary: _____

Reason of leaving (be specific): _____

List jobs held, advancements or promotions, duties performed, skills: _____

Name of Employer: _____ Name of Supervisor: _____

Address: _____ Employed From: _____ To: _____

City, State, Zip: _____ Your Job Title: _____

Telephone: _____ Rate of Pay or Salary: _____

Reason of leaving (be specific): _____

List jobs held, advancements or promotions, duties performed, skills: _____

Name of Employer: _____ Name of Supervisor: _____

Address: _____ Employed From: _____ To: _____

City, State, Zip: _____ Your Job Title: _____

Telephone: _____ Rate of Pay or Salary: _____

Reason of leaving (be specific): _____

List jobs held, advancements or promotions, duties performed, skills: _____

Name of Employer: _____

Name of Supervisor: _____

Address: _____

Employed From: _____ To: _____

City, State, Zip: _____

Your Job Title: _____

Telephone: _____

Rate of Pay or Salary: _____

Reason of leaving (be specific): _____

List jobs held, advancements or promotions, duties performed, skills: _____

Name of Employer: _____

Name of Supervisor: _____

Address: _____

Employed From: _____ To: _____

City, State, Zip: _____

Your Job Title: _____

Telephone: _____

Rate of Pay or Salary: _____

Reason of leaving (be specific): _____

List jobs held, advancements or promotions, duties performed, skills: _____

Name of Employer: _____

Name of Supervisor: _____

Address: _____

Employed From: _____ To: _____

City, State, Zip: _____

Your Job Title: _____

Telephone: _____

Rate of Pay or Salary: _____

Reason of leaving (be specific): _____

List jobs held, advancements or promotions, duties performed, skills: _____

APPLICATION FOR EMPLOYMENT

Do you have a driver's license? Yes___ No___ (must attach copy)

Drivers License # _____ State issued _____ Expiration date _____

Can you provide insurance on your vehicle? Yes___ No___

Emergency contact: _____ Phone # _____

Please list two employer references:

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone _____

Telephone _____

Length of employment _____

Length of employment _____

Have you ever worked in this field? Yes___ No___

If so, please list all training obtained: _____

(Please provide copies of all training)

Use the following space to summarize your full qualifications for the specific position which you are applying.

Military Background

Have you been in the Armed Forces? Yes ___ No ___

Are you presently a member of the National Guard? Yes___ No ___

Specialty _____ Date entered _____ Discharge date _____