



# KIAMICHI

## FAMILY MEDICAL CENTER

*Family Caring for Family*

### EMPLOYMENT APPLICATION

**PLEASE PRINT**

First Name M.I. Last Name Maiden/Other Names Used

Preferred Name/Nickname

Today's Date

Preferred Pronouns (circle one): He/Him/His She/Her/Hers They/Them/Theirs Ze/Zir/Zirs Decline to Specify

( ) Street Address City State Zip Code

Primary Phone

Email Address

Alternative Phone Number

**PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION**

How did you hear about us? ☐ Classified Ad ☐ Social Media ☐ Internet ☐ Friend: \_\_\_\_\_

Position Desired? \_\_\_\_\_ Salary Desired? \_\_\_\_\_

What date are you able to start work? \_\_\_\_\_

Is it legal for you to work in the USA? ☐ Yes ☐ No

What hours do you prefer to work? ☐ Full-Time ☐ Part-Time

In what office do you prefer to work? ☐ Idabel ☐ Broken Bow ☐ Battiest ☐ Hugo

**RELEVANT EDUCATION (LIST TWO HIGHEST):**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR OR DEGREE RECEIVED

**Professional Certifications, Affiliations and/or Licenses (indicate state)**


**Work Experience:** Please List your work experience for the past five (5) years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer:	Name of Last Supervisor:	Employment Dates	Pay or Salary
Address: _____ City State Zip: _____ _____		From:	From:
Phone Number: _____		To:	To:
Your Last Job Title:			
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

  

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	Your Last Job Title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

**Please list at least two references other than relatives or previous employers:**

Name	Address	City, State, Zip	Phone Number	Professional/Personal

Please use the space below to describe your full qualifications for the position in which you are most interested.

[illegible]

**CERTIFICATE OF CANDIDATE (To be completed by All Candidates)**

**General:** I have submitted the attached form to the company for the purpose of obtaining assistance in securing permanent, temporary, or contract employment. I understand that I will never be charged a fee by the company. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application. I certify as to the accuracy of the matters set forth herein and, in my resume, and understand that any misstatement of fact may cause me to be refused employment or to lose my employment.

**References:** I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

**Temporary/Contract Employment:** If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

**Pre-Employment Screenings:** I understand that Kiamichi Family Medical Center is an equal opportunity employer. Upon being offered a position with the organization, I will be required to submit to a pre-employment background check and drug screening.

**SIGNED:** \_\_\_\_\_  
**(Candidate)**

**DATE:** \_\_\_\_\_