

COMMUNITY DEVELOPMENT SUPPORT ASSOCIATION

2615 E. Randolph, Enid, OK 73701
(580)242-6131

EMPLOYMENT APPLICATION

Not a Contract of Employment

We are an Equal Opportunity Employer and comply with all federal and state laws which prohibit discrimination based on race, color, religion, age, sex, national origin, physical disability or veteran status.
CDSA is a smoke-free and drug-free workplace.

May we help you complete this application in any way?

Date of Application _____
Name _____ Telephone Number _____
Present Address _____
Are you at least 18 years old? _____ If not, please state your date of birth _____
Have you ever worked here before? Yes No Dates of Employment _____
Reason for leaving _____

| | |
|-----------------------------------|---|
| JOB INTEREST | Position Applying for _____ Reason for interest _____ |
| | Date you can start _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary |
| EDUCATION AND JOB TRAINING | Circle last grade completed High School — 9 10 11 12 College — 1 2 3 4 Graduate _____ Name of school and Location Major Degrees |
| | _____ |
| | _____ |
| | _____ |
| | _____ |
| | List any special courses you have taken or training you have had: _____ _____ |

| | |
|---|--|
| MEMBERSHIPS AND/OR SPECIAL LICENSES | Memberships: list all business, professional, or civic memberships you have (omit any which reflect age, sex, race or religious affiliations). Indicate offices you hold or have held. |
| | |
| | |
| | Licenses/Certifications: List any special licenses or certifications you may hold such as real estate, insurance, LPC, CPA or other related to your particular field. |
| | |
| | |
| | |
| SUMMARY OF QUALIFICATIONS | Please list any skill you possess: foreign languages, software programs, computer systems, other abilities and types of experience. |
| | |
| | |
| | |
| | |
| | |
| | |
| PERSONAL BACKGROUND | Have you been discharged or asked to resign within the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If yes, why? _____ |
| | Do you currently have a valid driver's license? State _____ Number _____ Date of exp. _____ |
| | Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If yes, explain? _____ |
| | Please list relatives and/or friends working at CDSA. _____ |
| | U.S. Military Service |
| Branch of service _____ | |
| Date of Entry _____ Date of Discharge _____ | |
| Discharge status _____ | |
| Highest rank attained _____ | |
| Briefly describe duties _____ | |

PRIOR EMPLOYMENT HISTORY

Give names and address of the last three employers or last 10 years, whichever is applicable. A resume may be attached if it provides this information. List your last or current employment first.

| | |
|--|------------------------------|
| 1. Name of Employer _____ | Kind of Business _____ |
| Address _____ | Telephone _____ |
| Title of your final position _____ | Employed from _____ To _____ |
| Duties or responsibilities (be specific) _____ | |

| |
|---|
| Reason for leaving _____ |
| Name and title of your immediate supervisor _____ |

| | |
|--|------------------------------|
| 2. Name of Employer _____ | Kind of Business _____ |
| Address _____ | Telephone _____ |
| Title of your final position _____ | Employed from _____ To _____ |
| Duties or responsibilities (be specific) _____ | |

| |
|---|
| Reason for leaving _____ |
| Name and title of your immediate supervisor _____ |

| | |
|--|------------------------------|
| 3. Name of Employer _____ | Kind of Business _____ |
| Address _____ | Telephone _____ |
| Title of your final position _____ | Employed from _____ To _____ |
| Duties or responsibilities (be specific) _____ | |

| |
|---|
| Reason for leaving _____ |
| Name and title of your immediate supervisor _____ |

May we contact your current and previous employers? Yes No

| | | | | |
|-------------------|--|----------|---------|-------|
| REFERENCES | List 3 persons who can provide employment references and who are not related to you. | | | |
| | Name | Business | Address | Phone |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I understand and agree that any employment I might be offered by CDSA is “at will” employment, which means my employment will be for no definite period of time and may be terminated at any time for any reason. I understand and agree that only a corporate officer of CDSA has the authority to enter into any legally enforceable offer or to make any legally enforceable promise to an employee. Only written offers are enforceable. No statement of benefits or policy is an employment contract.

I certify that the information in this application is true and complete. I authorize my employer, former employers, references and other persons or entities identified in this application to release any and all information about me to CDSA. I further authorize CDSA to investigate the information in this application. I release CDSA and all employers, references, investigators and other persons and entities from liability from any damage that may result from furnishing information about me or from my rejection for employment. I understand and agree that any false or misleading information or any omission of information in this application will subject me to discharge from employment.

Signature of Applicant

Date

| | |
|---|--|
| For Company Use Only Applicant — Do Not Write Below This Line | |
| Results of Interview _____ | |
| | |
| Date of Interview _____ Interviewed by _____ | |
| If employed, complete New Hire Data Sheet and have approved by Fiscal Office. | |