

EMPLOYMENT APPLICATION

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

Social Security # \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Occupation: \_\_\_\_\_

Current Physical Address \_\_\_\_\_

Current Postal Address \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Work phone # \_\_\_\_\_ Spouse's Work # \_\_\_\_\_

Names and Birthdates of Children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POSITION QUALIFIED FOR AND DESIRED:**

Houseparent \_\_\_\_\_ Office Work \_\_\_\_\_

Have you or your spouse ever worked at a children's home or facility? \_\_\_yes \_\_\_no If so,  
name and location of home \_\_\_\_\_

Experience in group care of children \_\_\_\_\_

\_\_\_\_\_

Spouse's Experience in group care of children \_\_\_\_\_

\_\_\_\_\_

List all persons living at home \_\_\_\_\_

\_\_\_\_\_

Name, Address, Phone Number of Minister of Church now attending: \_\_\_\_\_

\_\_\_\_\_

Do you have any serious physical problems? If so, please explain. \_\_\_\_\_

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Does your spouse have any serious physical problems? If so, please explain. \_\_\_\_\_

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**GENERAL DATA:** Do you use tobacco in any form? \_\_\_\_\_ Do you drink alcoholic beverages? \_\_\_\_\_  
Do you curse or use abusive language? \_\_\_\_\_ Have you ever been convicted of a felony? \_\_\_\_\_  
Have you ever been convicted on a moral charge \_\_\_\_\_, a physical violence charge \_\_\_\_\_,  
child abuse or neglect charge? \_\_\_\_\_ Are you a member of the Church of Christ? \_\_\_\_\_  
Have you ever been married to anyone other than your present spouse? \_\_\_\_\_

**SPOUSE'S GENERAL DATA:**

Do you use tobacco in any form? \_\_\_\_\_  
Do you drink alcoholic beverages? \_\_\_\_\_  
Do you curse or use abusive language? \_\_\_\_\_  
Have you ever been convicted of  
a felony? \_\_\_\_\_  
Have you ever been convicted on a moral charge \_\_\_\_\_, a physical  
violence charge \_\_\_\_\_, child abuse or neglect charge? \_\_\_\_\_  
Are you a member of the Church of Christ? \_\_\_\_\_ Have you ever been married to anyone other  
than your present spouse? \_\_\_\_\_

**EDUCATION** (Circle highest year completed) Elementary

High School 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6

High School name, location and date graduated \_\_\_\_\_

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GED: \_\_\_\_\_ CDA: \_\_\_\_\_

Test Location

Date Received

Date Received

College name, location and date graduated \_\_\_\_\_

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Degree

Major

Minor

**SPOUSE'S EDUCATION** (Circle highest year completed) Elementary      High School      College  
   1 2 3 4 5 6 7 8      9 10 11 12      1 2 3 4 5 6

High School name, location and date graduated \_\_\_\_\_  
\_\_\_\_\_

GED: \_\_\_\_\_ CDA: \_\_\_\_\_

Test Location      Date Received

Date Received

College name, location and date graduated \_\_\_\_\_  
\_\_\_\_\_

Degree

Major

Minor

**PREVIOUS EMPLOYMENT:** (List most recent first)

Date

Name

Address

Phone #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPOUSE'S PREVIOUS EMPLOYMENT:** (List most recent first)

Date

Name

Address

Phone #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES** (list three persons, not related to you, that are familiar with your child care practices)

Name

Postal Address

Phone #

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**SPOUSE'S PERSONAL REFERENCES** (list three persons, not related to you, that are familiar with your child care practices)

Name

Postal Address

Phone #

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**Have you or your spouse ever been involved in a child welfare investigation in this or any other state? \_\_yes \_\_no**  
**Have you or your spouse ever been convicted of or entered a plea of guilty ornolo contendere (no contest) to any criminal activity involving violence against a person; child abuse or neglect; possession, sale or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others? \_\_\_yes \_\_\_no**  
**If yes, provide additional information.** \_\_\_\_\_

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**SPECIAL SKILLS OR QUALIFICATIONS:** \_\_\_\_\_

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**APPLICANT'S STATEMENT TO THE TIPTON HOME**

**I verify all answers and responses on this application are true and complete. I authorize The Tipton Home to investigate any information on this application. I understand The Tipton Home will check for any criminal history. I understand any false or misleading information given by me may result in my discharge from employment. I also understand that, if I am hired, I am required to abide by all rules and regulations of The Tipton Home, the State of Oklahoma and any other agency with jurisdiction over The Tipton Home. I understand to be employed, I must provide proof of citizenship. I agree that any employment relationship with The Tipton Home is an "at will" nature, which means I may resign at any time and The Tipton Home may discharge me at any time with or without cause. It is likewise agreed this "at will" employment relationship may not be changed except by the Executive Director's written authorization.**

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**Signature of Applicant**

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**Date of Signature**

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**Signature of Spouse**

**Date of Signature**

My signature being affixed gives The Tipton Home permission to do a criminal check through the Oklahoma Bureau of Investigation and any and all states where I may have resided or are presently residing.

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Signature of Applicant                      Date of Birth    Sex    Race    Date of Signature  
Alias Names (includes maiden name, all married names, and any other names used)

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My signature being affixed gives The Tipton Home permission to do a criminal check through the Oklahoma Bureau of Investigation and any and all states where I may have resided or are presently residing.

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Signature of Spouse of Applicant                      Date of Birth    Sex    Race    Date of Signature  
Alias Names (includes maiden name, all married names, and any other names used)

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When would you be available for employment? \_\_\_\_\_