

Shepherd Recovery &. Counseling Inc.

APPLICATION FOR EMPLOYMENT				
Please complete pages 1-4; page 5 is optional.			Date	
Name _____				
Last	First	Middle	Maiden	
Present Address				
Number/Street		City	State	Zip
Home Phone		Cell Phone		
Email		Social Security No.(use only last 4 digits) XXX-XX-		
If under 18, please list age		Days/hours available to work		
Position applied for (1) _____ and salary desired (2) _____		No Preference		Thursday
		Monday		Friday
		Tuesday		Saturday
		Wednesday		Sunday
How many hours can you work weekly?			Can you work nights? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME <input type="checkbox"/> TEMPORARY				
When are you available for work?				
TYPE OF SCHOOL (High School, College, Business or Trade School, etc.)	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE OBTAINED
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. An affirmative answer to this question will not necessarily preclude employment; however a false answer will preclude employment.				

SHEPHERD RCS APPLICATION FOR EMPLOYMENT

Work Experience

Please list your work experience (including any military experience) beginning with your most recently held job. 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 Code					From	Start
Phone number					To	Final
	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.

Name of employer		Name of last supervisor	Employment dates	Pay or salary		
Address						
City, State, Zip Code					From	Start
Phone number					To	Final
	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.

Name of employer		Name of last supervisor	Employment dates	Pay or salary		
Address						
City, State, Zip Code					From	Start
Phone number					To	Final
	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.

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, list name of person completing the application: _____

SHEPHERD RCS APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY BEFORE SIGNING

If you are hired, this application will become a part of your official employment record.

By signing below, and in exchange for the consideration of my job application by **Shepherd RCS** (hereinafter called “the **SRCS**”), I understand and agree that:

- Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other **SHEPHERD RCS** practices, shall serve to create an actual or implied contract of employment with **Shepherd RCS**, or to confer any right to remain an employee of **Shepherd RCS**, or otherwise to change in any respect the employment-at-will relationship between the **SHEPHERD RCS** and the undersigned. I further understand that the employment-at-will relationship means that, both the undersigned and **Shepherd RCS** may end the employment relationship at any time without specified notice or reason. If employed, I understand that the **SHEPHERD RCS** may unilaterally change or revise, its benefits, policies and procedures and that such changes may include reduction in benefits. The nature of this employment-at-will relationship cannot be altered except by a written instrument signed by the President of the **SHEPHERD RCS**.
- The information provided by me in this application is accurate and complete. I understand that, if I am hired, this application will become a part of my official employment record. I understand that any misrepresentation or omission of facts in this application may result in my dismissal at any time without any previous notice.
- The **SHEPHERD RCS** has my permission to contact schools, previous employers (unless otherwise indicated), references, and others in order to verify the accuracy of the information contained in this application. I hereby release the **SHEPHERD RCS** from any liability as a result of such contact.
- Any claim or lawsuit I may have relating to my employment with **Shepherd RCS** must be filed by me in the appropriate court no more than six (6) months after the date of the employment action that is the subject of any claim or lawsuit I may have. I hereby waive any right I may have to any statute of limitations (period of time in which a lawsuit may be filed) that is greater than six months.

Signature of Applicant

Date

Shepherd RCS is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this **SHEPHERD RCS** depends solely on the results of your participation in the complete selection process.

Please return completed forms to:

Shepherd RCS Inc.

8915 S Olie Ave

Oklahoma City, OK 73139

SHEPHERDS RCS

VOLUNTARY COMPLIANCE FORM

This information is needed so that Shepherd RCS will be in compliance with Equal Opportunity regulations of the Federal Government. The information requested is confidential and failure to complete and return to us will not be used in any hiring decision. This information will not become part of any applicant or personnel file.

Date (00/00/0000):

Title of position you are applying for:

Gender: Male Female

Birth Date (00/00/0000):

How did you learn about this opening?

Otterbein Website

Chronicle of Higher Education

The Columbus Dispatch

Internal Posting

Other Publication _____

Employee Referral

Other Website _____

ETHNIC CATEGORIES

(Check all that apply); effective September 14, 2014.

Hispanics of any race

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Shepherd RCSific Islander

White

Two or more races

Please return completed form to:

Shepherd RCS Counseling Inc.

8915 S Olie Ave

Oklahoma City, OK 73139