

EMPLOYMENT APPLICATION

Oklahoma Health Care Authority
 Human Resources Department
 4545 N. Lincoln Boulevard, Ste. 124
 Oklahoma City, Oklahoma 73105-3400
 PHONE: 405.522.7093
 FAX: 405 .530.7218
 EMAIL: personnel@okhca.org



Name: _____

Address: _____

City, State, Zip: _____

Preferred Contact #: (____)_____ Additional Contact #: (____)_____

May we contact you at work for interview purposes? _____ Work #: (____)_____

APPLICATION PROCEDURES: Vacancies currently open for recruitment are posted on the OK Health Care Authority website, www.okhca.org and are available in the HR office. Applications are accepted for vacancies during the announced posting period only. Please do not substitute a resume for this application (resumes may be attached as additional information only). For your convenience, please keep a copy of your application. It will save you time and effort in submitting additional applications as copies are acceptable.

Position sought:		Announcement #		
Are you willing and able, with or without accommodation, to perform necessary job-related travel?			YES	NO
Date available for employment:		Are you related to any current OHCA employee and if so, whom?"		

Would you consider yourself to be computer-literate?	YES	NO	WPM Typing Skill:
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Please rate yourself on the following Microsoft Office products (or similar software):

I use MS Word:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
I use MS Excel:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
I use MS Access:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
I use MS Power Point:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly

What kind of computers/software have you used?

List special skills including business machines/office equipment operation:

<p>How did you learn about this position?</p> <input type="checkbox"/> OHCA Inter-Agency Job Posting <input type="checkbox"/> OHCA Web Page <input type="checkbox"/> Oklahoma Office of Personnel Management <input type="checkbox"/> www.monster.com <input type="checkbox"/> OK Joblink <input type="checkbox"/> Other, please indicate: _____	<input type="checkbox"/> Newspaper, please indicate which paper: <input type="checkbox"/> The Sunday Oklahoman <input type="checkbox"/> The Black Chronicle <input type="checkbox"/> El Nacional <input type="checkbox"/> Indian Times <input type="checkbox"/> Dan Nguyen News <input type="checkbox"/> Other, please indicate: _____
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EDUCATION: Verification of high school education is ONLY required if qualifications for employment exclude a college education. In order to meet application deadline, copies of official transcript, diploma, or certificates are required. However, if there is a delay in obtaining documentation, originals will be accepted at the offer of employment.

Name of School or College	City, State	Years Attended	# of Credit Completed	Area of Study	Type of Diploma Awarded	Date Diploma Awarded

List any professional or occupational licenses, certifications or registrations: _____

Have you ever worked for the State of Oklahoma? _____

If YES, please list the agencies and dates of your state employment: _____

EXPERIENCE: PLEASE LIST DIFFERENT POSITIONS WITH EACH EMPLOYER AS SEPARATE PERIODS OF EMPLOYMENT.

1	Present employer:						
Location:							
Job Title:				Employed Since:			
May we contact your present employer as a reference:				YES	NO		
Supervisor's name:				Supervisor's phone:			
Description of work performed:							
# of employees supervised:	Present Salary:	Annually	Hourly	Hours worked per week:			
Reason for seeking a new position:							

2	Previous employer:					
Location:						
Job Title:			Dates Employed:	From:	To:	
Supervisor's name:			Supervisor's phone:			
Description of work performed:						
# of employees supervised:	Present Salary:	Annually	Hourly	Hours worked per week:		
Reason for leaving this position:						

3	Previous employer:					
Location:						
Job Title:			Dates Employed:	From:	To:	
Supervisor's name:			Supervisor's phone:			
Description of work performed:						
# of employees supervised:	Present Salary:	Annually	Hourly	Hours worked per week:		
Reason for leaving this position:						

4	Previous employer:					
Location:						
Job Title:			Dates Employed:	From:	To:	
Supervisor's name:			Supervisor's phone:			
Description of work performed:						
# of employees supervised:	Present Salary:	Annually	Hourly	Hours worked per week:		
Reason for leaving this position:						

5 Previous employer:						
Location:						
Job Title:			Dates Employed:		From:	To:
Supervisor's name:			Supervisor's phone:			
Description of work performed:						
# of employees supervised:		Present Salary:		Annually	Hourly	Hours worked per week:
Reason for leaving this position:						

6 Previous employer:						
Location:						
Job Title:			Dates Employed:		From:	To:
Supervisor's name:			Supervisor's phone:			
Description of work performed:						
# of employees supervised:		Present Salary:		Annually	Hourly	Hours worked per week:
Reason for leaving this position:						

(If you have more than six separate periods of employment, fill out a blank sheet in the above format, sign & attach to this application)

I certify that the information supplied in this application and in any other form, oral or written, is true and accurate. I hereby authorize the Oklahoma Health Care Authority to verify the information I have provided in my employment application, in my oral statements and in any other documents or supplemental information I have provided to this agency for the purposes of employment. I understand and agree that any misstated, misleading, incomplete or false information is grounds for my disqualification from consideration for employment, for withdrawal of any offer of employment if an offer has been made, or for my immediate discharge if employment has already commenced, whenever, and however discovered. I hereby release from liability and hold harmless the Oklahoma Health Care Authority and its employees, along with any organization or individual providing information to the Oklahoma Health Care Authority, from any and all causes of action accrued to me as a result of such disclosure of information concerning me.

I understand that the position for which I am submitting this application is unclassified. The applicant selected for any unclassified position will serve at the will of the Chief Executive Officer. If selected for employment, I agree to conform to the policies, rules and regulations of the Oklahoma Health Care Authority, and understand my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Oklahoma Health Care Authority or myself. I understand that no representative of the agency, other than the Chief Executive Officer or designee, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature Required	Date
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OKLAHOMA HEALTH CARE AUTHORITY

AUTHORIZATION FOR BACKGROUND INVESTIGATION AND RELEASE OF LIABILITY



I hereby authorize the Oklahoma Health Care Authority to verify the information I have provided in my employment application, in my oral statements and in any other documents or supplemental information I have provided to this agency for the purposes of employment. This shall include the authorization to conduct any and all personal background checks, including but not limited to, criminal history and related records, education and employment background and records, civilian and military court records and/or proceedings.

I certify that all information I have supplied to the Oklahoma Health Care Authority in my application and in any other form, oral or written, is true and accurate. I understand and agree that any misstated, misleading, incomplete, or false information is grounds for my disqualification from consideration for employment, for withdrawal of any offer of employment if an offer has been made, or for my immediate discharge if employment has already commenced, whenever, and however discovered.

I realize that any criminal history may bar employment with the Oklahoma Health Care Authority. I further understand that nothing in my application is intended to imply or create an employment relationship or contract for employment.

I hereby release from liability and hold harmless the Oklahoma Health Care Authority and its employees, along with any organization or individual providing information to the Oklahoma Health Care Authority, from any and all causes of action accrued to me as a result of such disclosure of information concerning me.

I understand that a copy of this document shall have the same legal significance as the original.

Signature

Date

STATISTICAL DATA

The Oklahoma Health Care Authority adheres to equal employment opportunity/affirmative action guidelines set forth by state and federal laws. This information is sought to assist us in complying with these guidelines and to provide statistical data to appropriate state and federal agencies. It will not be used in any way to discriminate against any applicant for employment.

First:	Middle:	Last:
Social Security #:	Maiden or previous names:	
Race:	Gender:	Date of Birth
Are you legally authorized to work in the United States?	YES	NO
(Proof of employment eligibility will be required upon hire.)		
Have you ever been convicted of a felony?	YES N	O
If YES, please explain:		
(Convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements.)		