

# Application for Employment

Lowe Family Young Scholars Program  
P.O. Box 33  
Bartlesville, OK 74005  
918-766-6675



Today's Date: \_\_\_\_\_

*We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to, race, age, color, religion, sex, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis recognized by federal, state, or local law.*

## Personal Background

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

Present Address \_\_\_\_\_  
*Street City State Zip*

Position Applying for \_\_\_\_\_ Date you can start \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Time  Part Time  Specify Hours \_\_\_\_\_ Salary Desired \_\_\_\_\_

Is there any reason we may not inquire of your present employer or prior employer? If yes, please explain: \_\_\_\_\_

Have you ever applied to this company before? Yes  No  When? \_\_\_\_\_

Do you have a valid driver's license? Yes  No

Are you able, at time of employment to submit verification of your legal right to work in the U.S.? Yes  No

*(Verification and completion of Form I-9 must be submitted no later than three business days after date of hire)*

Have you ever been convicted of a felony? Yes  No

*Note: This question does not apply to convictions which have been expunged, sealed, pardoned, or otherwise exonerated or eradicated.*

If yes, please fully describe the criminal conviction(s), listing the nature of the offense(s) and your rehabilitation since the conviction:

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

Specialized technical skills (e.g., computer programming/language software, equipment operation):

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

<b>Work Experience</b>					
(Please list below your last four employers, starting with your present or last place of employment.) You may include any verifiable work performed on a volunteer basis, internship, or military service.					
<b>Date: Mo./Yr.</b>	<b>Name, Address and Phone # of Employer</b>	<b>Salary</b>	<b>Position</b>	<b>Name of Supervisor</b>	<b>Reason for Leaving</b>
<i>From:</i>					
<i>To:</i>					
<i>From:</i>					
<i>To:</i>					
<i>From:</i>					
<i>To:</i>					
<i>From:</i>					
<i>To:</i>					

**References**

Please give the names of three additional work-related references whom we may call. Please do not list relatives. Individuals with no prior work experience may list school or volunteer-related references.

<b>Name/Position</b>	<b>Company</b>	<b>Telephone Number</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**APPLICANT CERTIFICATION – PLEASE READ CAREFULLY**

I understand that this application is not a contract, offer or promise of employment. I acknowledge that employment with the LFYS Program is on an employment at will basis. This means that my employment with the LFYS Program can be terminated at any time, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly, I am free to terminate my employment with the LFYS Program at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the LFYS Program’s Chairman of the Board of Directors and me.

I further understand that I am responsible for being familiar with the LFYS Program’s policies, rules, and regulations, and I understand the LFYS Program has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state, and local law, except that it will not modify its policy of employment at will. By my continued employment with the LFYS Program, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I hereby authorize the LFYS Program or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state, or local law and I agree to complete any requisite authorization forms.\* I release all parties from any liability arising out of this provision and the use of such information.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Federal law requires a separate release form when obtaining Consumer Credit Reports. Please print to sign and date.