

UNIVERSITY CENTER OF SOUTHERN OKLAHOMA
611 Veterans Boulevard
Ardmore, OK 73401
(580) 223-1441

APPLICATION FOR EMPLOYMENT

Position applying for: _____

Name: _____ Social Security No.: _____
 Last First Middle

Current Address: _____
 Street City State Zip

Permanent Address: _____
 Street City State Zip

Home Phone: _____ Work Phone: _____ Email: _____

Work Experience: (Please list the most recently held position first.)

Employer and Address	Phone	Position	Dates From-To	Salary	Reason for Leaving

May we contact your current employer now? Yes: _____ No: _____ May we contact former employers? Yes: _____ No: _____

Education: (Please list the institution most recently attended first.)

Institution	Address	Dates	Major Area of Study	Degree(s) Earned

High School: _____ Date Graduated: _____
 Other Special Training: _____

Do you have any relative(s) employed at the University Center of Southern Oklahoma? Yes: _____ No: _____

If yes: _____
 Name of relative(s) Relationship(s)

If you wish to be considered for a position requiring special skills, please complete applicable sections of the following:

1. Typing WPM: _____
2. Word Processing Programs used: _____ _____
3. Data Base Management programs used: _____ _____
4. Spreadsheet Programs used: _____ _____
5. Other Computer Skills: _____ _____

Professional References: (Provide complete contact information.)

Name: _____	Name: _____
Address/City/State: _____ _____	Address/City/State: _____ _____
Home/Work Phone: _____ _____	Home/Work Phone: _____ _____
Email: _____	Email: _____
Relationship to applicant: _____	Relationship to applicant: _____
Name: _____	Name: _____
Address/City/State: _____ _____	Address/City/State: _____ _____
Home/Work Phone: _____ _____	Home/Work Phone: _____ _____
Email: _____	Email: _____
Relationship to applicant: _____	Relationship to applicant: _____

Resume: All applications must be accompanied by the applicant's vita or resume with supporting documentation as deemed appropriate by the applicant or subsequently required by the Board of Trustees or their staff.

Certification of Accuracy: I certify that the information provided as a part of this application is true to the best of my knowledge. I understand that employment or offer of employment based on falsified application information may be grounds for termination. I authorize and permit bona fide representatives of the University Center of Southern Oklahoma to verify all information provided herein.

Signature of Applicant: _____ Date: _____