

PLEASE READ CAREFULLY

I HEREBY DECLARE THE INFORMATION PROVIDED BY ME IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AS IS ALL THE SUPPLEMENTAL INFORMATION SUBMITTED IN CONNECTION WITH THIS APPLICATION. I UNDERSTAND THAT IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION AND SUPPLEMENT INFORMATION MAY RESULT IN ME NOT BEING HIRED, OR IF EMPLOYED, MY TERMINATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION.

I AUTHORIZE YOU TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT CONTAINING INFORMATION OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS AND ACQUAINTANCES. THIS REPORT, IF OBTAINED, MAY INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, AND PERSONAL CHARACTERISTICS. I FURTHER AUTHORIZE INVESTIGATION BY LAW ENFORCEMENT AND ANY AND ALL STATE AND FEDERAL AGENCIES, EMPLOYERS OR ANY OTHER APPROPRIATE FIRMS OR AGENCIES IN ANY STATE.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND POLICIES OF THE OKLAHOMA PRODUCTION CENTER, INC. AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME. AT THE OPTION OF EITHER OKLAHOMA PRODUCTION CENTER OR MYSELF, I CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME.

DATE OF APPLICATION

20

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

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COMPLETE THIS SECTION ONLY AFTER BEING HIRED

DATE OF BIRTH

SINGLE

MARRIED

PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME

RELATIONSHIP

PHONE #

ADDRESS

I acknowledge, understand and accept the fact that I must comply with Oklahoma Production Center safety rules and practices. Failure to comply with these safety standards is cause for dismissal.

SIGNED:

I hereby acknowledge that I have been advised by my employer that I have a right to file a claim with the worker's compensation court for benefits as provided by law if I am involved in a work-related accident.

SIGNED THIS

day of

20

Signed

I hereby agree to safeguard the confidentiality of the trainees of the Oklahoma Production Center. I will, in no manner other than that required professionally, discuss trainees, nor divulge personal information learned while serving as an observer/clinician or other staff member within the facilities of the Oklahoma Production Center. It is understood that should I violate this confidentiality code, my rights to observe and/or serve as a staff member/clinician will be terminated immediately and that I may be liable for litigated damages.

SIGNED

DATE