

1

OKLAHOMA PRODUCTION CENTER
An Equal Opportunity Employer

PERSONAL:

LAST NAME FIRST MIDDLE DATE

STREET ADDRESS TELEPHONE #

CITY STATE ZIP SOCIAL SECURITY#

POSITION YES NO

Have you ever filed an application with OPC?
If yes, give date: _____

Have you ever been employed with OPC?
If yes, give date: _____

Are you currently employed? _____

Are you related to any OPC employees? _____

Are you related to any persons to whom
we provide services? _____

Have you been known by any other name(s)
which will help us to verify the
information in this application?
If yes, give name(s) and identify related
school, employer, etc. _____

On what date would you be available for work? _____

Are you available to work:
_____ Full-Time _____ Part-Time _____ Shift Work
_____ Temporary
YES NO

Are you currently on "Lay Off" status
subject to recall? _____

Can you travel if the job requires it? _____

I understand that meeting all driver's
qualifications is a requirement of the
job. Do you have a current Oklahoma
Driver's License? _____

Are you legally eligible for employment
in the United States? _____

PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED
UPON EMPLOYMENT IN ACCORDANCE WITH THE EMPLOYMENT ELIGIBILITY
VERIFICATION FORM:

2

EDUCATION:

Type of School	Name and Address	Attended From	To	Degree
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				
OTHER (SPECIFY)				

Describe any honors or awards you received during your education that might be pertinent to this employment application.

Describe any work you have performed with or for persons with disabilities, whether paid or volunteer.

Please list any specialized training you have received which may be related to working with persons with disabilities.

Describe any specialized training, apprenticeship, skills, and extra-curricular activities that you received, developed or were involved with while attending any of the above schools, which might be pertinent to employment application.

Are you currently chemically dependent? YES NO

Have you ever been convicted of a felony?

YES NO. If so please describe: _____

Please list any license or certificates you currently hold that are applicable to working with persons with developmental disabilities.

3

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
EMPLOYMENT APPLICATION SUPPLEMENT

Name of applicant (Print)	Date
Name of provider agency	

PART 1.

As I apply for a job as a community services worker, I understand that:

- prior to permanently employing me, the community services provider is required by Oklahoma law to conduct:
 - a criminal history records search with the Oklahoma State Bureau of Investigation (OSBI); and
 - a check of the Community Services Registry.
- the community services provider is prohibited by Oklahoma Statute from hiring, contracting with, or using as a volunteer any person who has been convicted, pled guilty, or pled nolo contendere to a felony or to misdemeanor assault and battery, except under circumstances described in OAC 340:100-3-39.
- the community services provider is also forbidden to hire, contract with, or use as a volunteer, any person whose name appears on the Community Services Registry.
- my employment must be terminated if my name appears on the Community Services Registry, even though my name may not have been on the Registry at the time of my application or hiring.
- I must report all of my previous employers to the community services provider, using the back of this form, and attaching another page if necessary.

I understand that giving false information on Part 2 on the back of this form results in termination of my employment. I have received a copy of this signed Form DDS-39 and Form DDS-59, Rights and Responsibilities of Community Services Worker in an Investigation of Abuse, Neglect, or Exploitation.

Signature of Applicant

Date

4

Name of applicant (Print)	Date
Name of provider agency	

PART 2.

Applicants for the position of community services worker are required to report all former employers. Giving false information results in termination of employment. Please attach another page, if necessary.

Name of Employer	Address, City, State, Zip	Approximate dates of employment

3



Oklahoma Production Center

216 West Ave. • P. O. Box 774 • Tahlequah, OK 74465

Administrative Offices & Herb Rozell Center 456-1929

Resource Support Center 456-1948 • Work Activity Center 456-1911

Fax # (918) 456-1969
opcdd@sbcglobal.net

Executive Director,
Effie Foster Ballard

TO: Kim Akins
Developmental Disabilities Services Division
Department of Human Services
Seqouyah Memorial Office Building
P.O. Box 25352
Oklahoma City, Ok 73125

FROM: Oklahoma Production Center
P.O. Box 774
Tahlequah, Ok 74465
Attn: Debbie Murray

This is a written request for a registry check/pre-employment screening with the Community Services Registry on this potential staff person. Please submit back to OPC a written response.

NAME: _____
SOCIAL SECURITY NUMBER: _____
DATE OF BIRTH: _____

I authorize OPC to obtain this information for the purpose of the Community Services Registry.

Signature: _____

Manager Signature: _____

8

REFERENCES:

Give name, address and telephone number of three character references who are not related to you and are not previous employers.

State any additional information you feel may be helpful to us in considering your application.

REFERENCE INFORMATION WAIVER

I, _____ have applied for a staff position at the Oklahoma Production Center. In order that the organization may evaluate my qualifications, I wish that they may be fully advised of my record with you.

I hereby respectfully request that you furnish the necessary information and authorize release without penalty or liability of privacy or civil rights.

Signature

Date

As a pre-employment condition, I am willing to submit to drug testing.

Signature

Date

9

OKLAHOMA PRODUCTION CENTER APPLICANT REFERENCE CHECK

Type of reference: Business Personal Source of reference: Written Telephone

Applicant Name: _____ Social Security: _____
LAST FIRST MI

Business/Personal Name: _____ Telephone: _____

Address _____

City/State/Zip Code: _____

Employment Dates: _____ to _____ Earnings: \$ _____ Hourly/Biweekly (circle one)

Job Title _____

I authorize the release to OPC of information held by any parties regarding my previous employment and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from any damage whatsoever for releasing this information.

Only Sign X
and date

Applicant signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

The individual above has applied for the position of _____ with OPC. To comply with good employment practices, please furnish the information requested below. Any and all information will be held in the strictest confidence and not divulged to the applicant. Your reply will be greatly appreciated.

OPC Representative: _____ Date: _____

Please check the line that best describe applicant's performance: Excellent Good Satisfactory Unsatisfactory

	Excellent	Good	Satisfactory	Unsatisfactory
Quality of work	_____	_____	_____	_____
Attendance record	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Working relationship with other employees	_____	_____	_____	_____
Working relationship with clients	_____	_____	_____	_____
Skills related to the job	_____	_____	_____	_____

Are the above employment dates correct? Yes No If no, please provide correct dates: _____ to _____

Reason for separation: _____

Are the above stated earnings correct? Yes No If no, correct amount is \$ _____

Would you rehire this individual? Yes No If no, why not? _____

Do you recommend this applicant for employment? Yes No

Are you aware of any incident for which this individual was convicted of having abused, neglected or mistreated and individual? If yes, please provide date(s) and circumstance(s) on an attachment.

Additional comments:

Signature

Title

Date

8

Do not fill out until interview

PRE EMPLOYMENT FORM

THE QUESTION ON THIS PAGE ARE NOT TO BE ANSWERED UNLESS AND UNTIL A PRE-EMPLOYMENT ORIENTATION HAS BEEN COMPLETED!

* Having received, read and had the job description, the qualifications, and the functions of the particular job/position you are applying for explained to you;

A. Please list below any qualifications for the particular stated job which you do not meet and any functions for the particular stated job which you would not, or may not, be able to perform.

B. For each item in the list above, please describe or demonstrate how, with or without assistance, you will be able to meet the job-related qualifications and/or perform the job-related functions.

AFFIDAVIT

I _____ do attest that I am not currently required to register under provisions of the Oklahoma Sex Offenders Registration Act, and the Mary Ripley Violent Crime Offenders Registration Act. I give Oklahoma Production Center permission to conduct an annual name search to affirm that my name does not appear on these registers. I further agree to be responsible for the cost, if any for these searches.

Staff Name

Date

Witness

Date

PRE-EXISTING CONDITIONS OF EMPLOYMENT

Due to the nature of the Oklahoma Production Center's business of providing services to persons with disabilities, it is necessary that conditions of employment be established as follows:

As conditions of employment, the Department of Human Services and the Oklahoma Production Center require a background (OSBI) and driving record check (Office of Public Safety). An annual name search of the Oklahoma Sex Offenders Registration and the Violent Crime Offenders Registration for each staff is required. The expense of, if any will be the responsibility of the staff member.

The employee may be required to meet other pre or post conditions of employment as deemed necessary by State/Federal regulations or the Oklahoma Production Center.

I have read, understand, and agree to abide by the above stated conditions.

Signature

Date

9

EMPLOYMENT:

1. EMPLOYER _____

ADDRESS _____

TELEPHONE NUMBER _____ DATES EMP. _____ TO _____

JOB TITLE _____ SUPERVISOR: _____

WORK PERFORMED _____

HOURLY RATE/SALARY (starting/final) _____

REASON FOR LEAVING: _____

2. EMPLOYER _____

ADDRESS _____

TELEPHONE NUMBER _____ DATES EMP. _____ TO _____

JOB TITLE _____ SUPERVISOR _____

WORK PERFORMED _____

HOURLY RATE/SALARY (starting/final) _____

REASON FOR LEAVING _____

3. EMPLOYER _____

ADDRESS _____

TELEPHONE NUMBER _____ DATES EMP. _____ TO _____

JOB TITLE _____ SUPERVISOR _____

WORK PERFORMED _____

HOURLY RATE/SALARY (starting/final) _____

REASON FOR LEAVING _____

10

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 CONJUNCTION 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 _____

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 _____