

# Southern Plains Treatment Services

4201 24<sup>th</sup> Avenue NW  
Norman, OK 73069  
Phone: (405) 217-8400

## Application for Employment

Information on this form is subject to verification

**This application is not an employment contract** but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. This application will remain active for 90 days.

### Submit your application to:

Human Resources , 2119 Riverwalk Drive #111, Norman, OK 73069 (FAX 405-217-0320) or attach application to an e-mail and send to [apply@splains.org](mailto:apply@splains.org).

### Applicant Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Initial Last

SSN: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (C or H)  
Circle One

Secondary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (C or H)  
Circle One

Address: \_\_\_\_\_

Are you 21 years of age or older? Yes \_\_\_ No \_\_\_

Have you applied at SPTS in the past 3 months? Yes \_\_\_ No \_\_\_

### Education (Most Recent First)

1. School Name and Location: \_\_\_\_\_

No. of Years Completed: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

2. School Name and Location: \_\_\_\_\_

No. of Years Completed: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

3. School Name and Location: \_\_\_\_\_

No. of Years Completed: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

### Certifications or Licenses

Type: \_\_\_\_\_

Granted by: \_\_\_\_\_

Valid Through: \_\_\_\_\_

Type: \_\_\_\_\_

Granted by: \_\_\_\_\_

Valid Through: \_\_\_\_\_

### Qualifying Experience

List a minimum of the last seven years of employment history and all jobs that include relevant experience for the position you are seeking. Complete all blanks for each job listed. If you want to include more than four positions, you may attach additional sheets with identical information. If the information on this sheet is incomplete, approval or eligibility may be denied.

1. Job title	Employer and location		Average hours per week
Began (mm/dd/yy)	Ended (mm/dd/yy)	Ending salary	Reason for leaving
Description of duties			
Supervisor's name, title, and contact number		Did you supervise any employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	

2. Job title	Employer and location		Average hours per week
Began (mm/dd/yy)	Ended (mm/dd/yy)	Ending salary	Reason for leaving
Description of duties			
Supervisor's name, title, and contact number		Did you supervise any employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. Job title	Employer and location	Average hours per week	
Began (mm/dd/yy)	Ended (mm/dd/yy)	Ending salary	Reason for leaving
Description of duties			
Supervisor's name, title, and contact number		Did you supervise any employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	

4. Job title	Employer and location	Average hours per week	
Began (mm/dd/yy)	Ended (mm/dd/yy)	Ending salary	Reason for leaving
Description of duties			
Supervisor's name, title, and contact number		Did you supervise any employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Check all of the following that apply:

Are you seeking part time employment? Yes \_\_\_ No \_\_\_

Are you willing to perform shift work? Yes \_\_\_ No \_\_\_

Are you legally able to work in the United States? Yes \_\_\_ No \_\_\_

**Special Qualifications**

Software Skills: Excel \_\_\_\_\_ Access \_\_\_\_\_ Word \_\_\_\_\_

Manual Sign Language \_\_\_\_\_ Other, Specify: \_\_\_\_\_

Bilingual Skills \_\_\_\_\_ Indicate Language: \_\_\_\_\_

Have you ever been terminated, or resigned from employment in lieu of being terminated?  
Yes\_\_\_ No\_\_\_

If yes, explain circumstances:

Have you ever been convicted or pled guilty to a crime other than minor traffic offenses?  
Yes\_\_\_ No\_\_\_

If yes, explain circumstances:

**Job Related References**

Name	Address	Area code	Daytime phone

Are there any individuals with which you are related, have living arrangements, familial ties (share children, etc.) or personal relationships that currently work for Southern Plains Treatment Services?  
Yes\_\_\_ No\_\_\_

If so, please list below:

Name(s)	Relationship

I understand and acknowledge that, if hired, my employment relationship with this organization would be of an “At-Will” nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this “At-Will” employment relationship may not be changed by any written document or conduct unless an authorized executive of this organization specifically acknowledges such changes in writing.

I hereby certify that the facts set forth in the completed employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application may result in dismissal. I release and hold harmless and person, firm, or entity that discloses matter in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. You are hereby authorized to make any investigation of my personal history academic/professional credentials, military services records, criminal, driving, financial and credit record through any investigative or credit bureaus of your choice.

I further understand that applicants for employment with SPTS receiving a conditional offer of employment must pass a drug test pursuant to the drug testing policy of SPTS, as well a background check as required by our licensing agencies.

\_\_\_\_\_  
Signature of employee/applicant

\_\_\_\_\_  
Date