

## Applicant Forms Packet For Use In Edmond, Oklahoma

## Instructions for Completing the Applicant Forms Packet For Use In Edmond, Oklahoma Complete, Sign and date the following forms that are included in this packet. Contact your recruiter/hiring manager with any questions.

Form	Applicant Instructions
Application For Employment For Use In Edmond, Oklahoma (Rev. 05-31-18)	Complete the form and return the original to the recruiter/hiring manager.
,	<b>Note:</b> All applicants must complete a detailed employment application even if your resume and reference information is available.

## FOR HIRING AUTHORITY USE ONLY

(Rev. 5-16-2022)



PLEASE TYPE OR PRINT IN INK —

## APPLICATION FOR EMPLOYMENT FOR USE IN EDMOND, OKLAHOMA

Today's Date

5/16/2022

Name of Insperity Client Company (if applicable and known) How did you hear about the position for which you are applying?

Імі

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based on a person's race (including hair texture and hairstyles), color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental and/ or intellectual disability, age, military status, veteran status (including protected veterans), marital status, registered domestic partner or civil union status, familial status, gender (including sex stereotyping and gender identity or expression), medical condition (including, but not limited to, cancer related or HIV/ AIDS related), genetic information, sexual orientation, or any other protected status. Insperity provides reasonable accommodations to individuals with disabilities applying for a position. If you need a reasonable accommodation for any part of the application and/or hiring process, please contact 877-694-4737. You will be asked to provide the specifics of the assistance requested. For technical assistance please call 800-364-7770.

Insperity takes the security and privacy of sensitive information very seriously. For more information, please see our general practices on the collection, maintenance, disclosure, and sale of personal information in our Privacy Notice at https://www.insperity.com/privacy-policy/

First Name		MI	Last Name		Last 4 Digits of Social Security Number					
Current Mailing Address How long at current addres					address?					
City			County		State		ZIF	ZIP Code		
Daytime Telephone Home Telephone		E-mail Address								
Position for which you are applying			Date avai	te available for work What is your minimum salary requirement?			m salary			
Check the following options you would consider			If part-time, specify hours and days available							
□Full-Time □Pa	rt-Time [	Temporary								
Are you subject to an at Insperity or the CI									your	ability to work
☐Yes ☐No If Yes	, explain a	nd provide a	a copy of such agr	eement:	•			,		
EDUCATION & TRAI	NING									,
	SCF	HOOL NAME	CITY	AND STATE			GREE/DI COURSE		UDY	DEGREE RECEIVED?
High School										□Yes □No
GED										□Yes □No
College*										□Yes □No
College*										□Yes □No
Graduate School										□Yes □No
Trade School										□Yes □No
Indicate School and Last Name(s) Used at Time of Graduation										
* Only list colleges or universities accredited by the Department of Education (DOE). The DOE maintains a database of accredited institutions at http://ope.ed.gov/accreditation. Only list high schools whose accreditation can be confirmed through the National Center for Education Statistics (NCES). The NCES maintains a database of public and private high schools at https://nces.ed.gov/globallocator/. It is your responsibility to verify accreditation.										
List course work undertaken or degree/diploma received from an unaccredited college, as well as any other education, training, special skills or certificates/licenses that you possess related to the job:										
Professional License/ #	Professional License/Certification   Professional License/Certification   Type		ication	cation Issuing Agency		'	State Issue		Exp. Date	
Professional License/ #	Certificatio	Profession Type	onal License/Certif	ication Issuing Agency		'	State Issue		Exp. Date	
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(	GENERAL INFORMATION Applicant Name					
E	Education & Training (Continued)					
	ist any machines, equipment or software programs on w	hich you are qualified and expe	rienced in op	perating.		
List any languages that you speak fluently  List any languages that you				iently		
ī	f you are applying for a position which involves driving a	motor vehicle in the course an	d scope of th	e employment duties,		
þ	please indicate whether you have a valid driver's license in	n this state.  Yes No				
þ	f you are applying for a government contractor position, clease specify whether you have a security clearance and what level the security clearance is:					
Can you, after employment, submit verification of your legal right to work in the United States?  Are you 16 years old or ove In the United States?				r? Age □16 □17 □18 or over		
ľ	Within the past 7 years, have you been employed, or are you currently employed by Insperity/Administaff or an Insperity/Administaff Client?  If Yes, give dates:  From: (month/year) To: (month/year)					
7	Do not identify your marital status in your response.	:				
	Do you have any relatives currently working at Insperity?	□Yes □No				
	Do you have any relatives serving on the Board of Directors for Insperity?					
	Do you have any relatives currently working at the client o	company to which you are apply	ing? □Yes	□No		
ı	f Yes to any of the above questions, please list the relati	ive(s):				
	EMPLOYMENT HISTORY (List all work experience beginni colunteer and/or military work.)	ng with the present or most red	cent job. You	may also include any		
	Name of Employer		Type of Bus	iness		
	Address	City	State	ZIP Code		
	Title			Type of Employment		
				□Part-Time □Full-Time		
	Supervisor Name	Supervisor Phone Number	Human Resource/Payroll Phone Number			
	May We Contact? Employed From (month/year)	Employed To (month/year)				
	☐Yes ☐No					
	Brief Description of Duties			Reason for Leaving		
	Name of Employer		Type of Business			
	Address	City	State	ZIP Code		

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Title

Supervisor Name

May We Contact?

□Yes □No

Brief Description of Duties

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Type of Employment

Reason for Leaving

Number

□Part-Time □Full-Time

Human Resource/Payroll Phone

Employed From (month/year) | Employed To (month/year)

Supervisor Phone Number

Additional Information	ON Applicant Name		
<b>BUSINESS REFERENCES</b> (List th years):	ree individuals, in addition to listed e	employment reference	s, known to you for at least three
NAME	OCCUPATION/ ASSOCIATION	TELEPHONE	EMAIL ADDRESS
work experience, articles/books p	tion you think would be helpful to us published, activities, honors received e, religion, color, national origin, disa	, etc. You may omit al	I information that would indicate

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Additional Information	Applicant Name			
AGREEMENT (Please read the following statement carefully)				
I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application or in the application process may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.				
I authorize all persons listed above (and on the accompanying resume, if any) to give Insperity any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Insperity, from liability for any damage that may result from furnishing same to Insperity.				
If employed by Insperity and its client company, I agree to abide by the policies and procedures of Insperity and its client company, which include the Insperity Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Insperity, the client company or myself. I further understand that no manager or representative of Insperity or its client company other than the president of Insperity has any authority to enter into any agreement, oral or written, on behalf of Insperity for a term of employment or to make any assurance or promise of continued employment.				
<b>DRUG TESTING:</b> I understand and agree that, subject to applicable law, I may be required to take a drug and alcohol screening test. I also understand that if I test positive for the presence of drugs or alcohol, I will be ineligible for employment with the company.				
FOR ARIZONA APPLICANTS: To the extent required by app	licable law, a smoke-free work	place is maintained.		
FOR CALIFORNIA APPLICANTS: I further understand that Insperity, its client company, and/or any employment service provider(s) may obtain public records about me as part of an internal background investigation and that I may waive my				
right to receive a copy of such public records by checking this	s box: $\square$			
FOR MASSACHUSETTS APPLI CANTS: Under Massachusetts law, it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties of civil liability.				
<b>FOR RHODE I SLAND APPLI CANTS:</b> The company is subject Island and is, therefore, covered by the state's Workers' Com		of the General Laws of Rhode		
SIGN AND DATE THE FORM				
Applicant's Signature		Date Signed (mm/dd/yyyy)		

Applicant's Signature	Date Signed (mm/dd/yyyy)
	Last 4 Digits of Social Security Number

FOR MARYLAND APPLICANTS ONLY: Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

Maryland Applicant's Signature	Date Signed (mm/dd/yyyy)
	Last 4 Digits of Social Security Number

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