DELTA COMMUNITY ACTION FOUNDATION, INC.

308 SW 2nd Street
Lindsay, OK 73052
Tel: (405) 756-1100 Fax: (405) 756-1104

Karen Nichols
Executive Director

DATE: _____ POSITION DESIRED:_____

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(City) (State) (Zip)

TELEPHONE #:_____ SOCIAL SECURITY#_____

*DATE OF BIRTH_____ *RACE_____ *THIS IS VOLUNTARY INFORMATION

IN CASE OF EMERGENCY, NOTIFY: _____ TELEPHONE#_____

ARE YOU PRESENTLY EMPLOYED? _____ IF SO, WHY DO YOU WISH TO CHANGE? _____

EDUCATION

TYPE OF SCHOOL	# OF YRS COMPLETED	SCHOOL NAME & ADDRESS	GRADUATE YES OR NO	DEGREE DATE
HIGH SCHOOL				
BUSINESS/TRADE/ TECHNICAL				
COLLEGE				
OTHER/GED/CDA				

MILITARY

BRANCH	DATE ENTERED	DATE DISCHARGED	TYPE OF DISCHARGE
LAST RANK	DUTIES		

EMPLOYMENT

EMPLOYER'S NAME & PHONE #	IMMEDIATE SUPERVISOR	POSITION HELD	DATE FROM - TO	SALARY BEGIN - END	REASON FOR LEAVING

COMPUTER KNOWLEDGE ☐ YES ☐ NO
IF YES, GIVE DETAILS: _____
_____

HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION? ☐ YES ☐ NO
IF YES, IDENTIFY POSITION AND GIVE DETAILS: _____
_____

HAVE YOU EVER BEEN CONVICTED FOR THE VIOLATION OF ANY LAW? ☐ YES ☐ NO
IF YES, EXPLAIN FULLY: _____
_____

HAVE YOU BEEN A RESIDENT OF THE STATE OF OKLAHOMA FOR THE PAST FIVE (5) YEARS?
☐ YES ☐ NO

IF NO, PLEASE LIST PREVIOUS STATE OF RESIDENCE _____ NUMBER OF YEARS _____

REFERENCES (Do Not Include Relatives)

NAME	ADDRESS	TELEPHONE

An Equal Opportunity Employer

Delta Community Action Foundation, Inc. does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Applicant's Statement:

All information on this application is subject to verification. Willful misrepresentation or falsification of application information will result in disqualification from consideration for employment and/or forfeiture of position, if employed.

I certify that all statements herein are true.

By typing my name below, I acknowledge that this acts as my official binding signature.

Applicant's Signature: _____

Signature Required

VOLUNTARY APPLICANT SURVEY:
Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status. The information you are asked to provide below is for Affirmative Action purposes only. It will be kept separate from your application for employment with the agency.

YOUR COOPERATION IS VOLUNTARY.

Race or Ethnic Group: (Check One)

- ☐ **African American (not of Hispanic origin)**
- ☐ **Asian or Pacific Islander**
- ☐ **Hispanic (regardless of race)**
- ☐ **Native American or Alaskan Native**
- ☐ **White (not of Hispanic origin)**

Sex:
M☐ **F**☐

OKLAHOMA Human Services

Personnel Information

Program Type

Select one:

- [x] Child Care Center or Family Child Care Home Personnel
- [ ] Residential or Child-Placing Agency Personnel

Delta Head Start/Early Head Start — Program name

K8 — License number

Personnel or Applicant

First name | Middle name | Last name

All previous names, including aliases and maiden

Social Security number | Date of birth | Phone number | Alternate phone

Street address | City | State | ZIP code

Is your street address the same as your mailing? ☐ Yes ☐ No

Mailing address or PO Box | City | State | ZIP code

Email

Education

☐ Yes ☐ No Do you have a high school diploma, General Education Development (GED) credential, or Licensing approved equivalent?

☐ Yes ☐ No When **NO**, are you in the process of obtaining a high school diploma, GED, or Licensing approved equivalent?

What is the highest grade you have completed: _____

Background Investigation

☐ Yes ☐ No Are you required to register under the Sex Offenders Registration Act or Mary Rippy Violent Crime Offenders Registration Act?

☐ Yes ☐ No Do you have pending charges, have you entered a plea of guilty or nolo contendere (no contest); or been convicted of any criminal activity involving gross irresponsibility or disregard for the safety of others; violence against an individual; sexual misconduct; child abuse or neglect; animal cruelty; or possession, sale, or distribution of illegal drugs?

Signature of Personnel or Applicant

☐ Yes ☐ No I understand by completing this form a background investigation will occur prior to hire.

☐ Yes ☐ No I understand my registration on the Child Care Registry (Restricted Registry) may occur when:

- a background investigation reveals a specified criminal history; or
- an action against a child in care results in a confirmed or substantiated
  - finding of abuse or neglect.

☐ Yes ☐ No I certify the information provided on this form is true and complete.

Signature of personnel or applicant _____ Date _____

Parent's signature when applicant is a minor _____ Date _____

Position(s) assigned or title _____ Employment date _____

Owner, Responsible Entity, Director, or Primary Caregiver Use Only

I understand giving false or incomplete information may result in denial or revocation of my license.

Signature of owner, responsible entity, director, or primary caregiver _____ Date _____

Complete during hiring process by owner, responsible entity, director, or primary caregiver:

Date **Restricted Registry** search completed: _____

Date **three** reference checks **completed**: _____

Date **preliminary** criminal history review results received, if applicable: _____ ☐ N/A

Date **complete** criminal history review results received: _____

Date Personnel Information form submitted to Licensing: _____

Form must be submitted to Licensing within 2 weeks of employment. Please ensure all sections of the form are complete before submitting to licensing.

Routing Instructions

Submit completed form to your assigned licensing specialist using the Submit button below.

Submit to Licensing Specialist