



**J.D. McCARTY CENTER**  
**for CHILDREN with DEVELOPMENTAL DISABILITIES**  
**2002 E. Robinson St. Norman, OK 73071**  
**405-307-2800 1-800-777-1272 Fax 405-307-2801**

*Employment Application*

**TO APPLICANT:** We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. This facility is an equal opportunity employer. Employment, educational opportunities and promotions in all job families are without regard to race, creed, sex, age, national origin, religion, disability or military status. A resume may be attached in lieu of completing the Education and Experience portions of this application. However, please complete all other sections and sign the application form. Thank you.

**PERSONAL:**

Are you 18 years or older? \_\_\_\_\_

\_\_\_\_\_  
 Name (Last) (First) (Middle) SSN

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip County

( ) ( )  
 Primary Number Alternate Number Email Address

How did you hear about this vacancy? \_\_\_\_\_

Are you currently employed by a State Agency? \_\_\_\_ Yes \_\_\_\_ No If yes, list the agency. \_\_\_\_\_

Position applying for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Date available for employment? \_\_\_\_\_

Type of work desired: (check all desired)  
 \_\_\_\_ Part time \_\_\_\_ Full time \_\_\_\_ Temporary

Are you willing to work shift work?  
 \_\_\_\_ Yes \_\_\_\_ No  
 If yes what shifts? \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

	Name of School	Year Graduated	Major	Diploma Degree
High School				
College/University				
College/University				
Other Training/ Education				

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS:**

Type	Organization	Date Issued	Number	Verification



---

**JD McCARTY CENTER for CHILDREN with DEVELOPMENTAL DISABILITIES**

---

**REFERENCES:**

List three to four Supervisor or Teacher work references. Please do not list more than two personal references. If you have questions concerning this request please talk to the Human Resource Office.

---

Supervisor/Teacher	Address & Telephone	Occupation/Relationship
--------------------	---------------------	-------------------------

---

Supervisor/Teacher	Address & Telephone	Occupation/Relationship
--------------------	---------------------	-------------------------

---

Supervisor/Teacher	Address & Telephone	Occupation/Relationship
--------------------	---------------------	-------------------------

---

Other	Address & Telephone	Occupation/Relationship
-------	---------------------	-------------------------

---

Other	Address & Telephone	Occupation/Relationship
-------	---------------------	-------------------------

Do you have a relative or significant other who currently works at this hospital? \_\_\_\_\_

If so, who? \_\_\_\_\_ Nature of relationship (Spouse, Parent, etc.): \_\_\_\_\_

Have you previously worked for the State of Oklahoma? \_\_\_\_\_ If yes, please list where and when \_\_\_\_\_

Have you ever been terminated from employment? \_\_\_\_\_ If yes, where and when \_\_\_\_\_

**AVAILABILITY RECORD:**

Primary position desired: \_\_\_\_\_

Will you accept another position \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what? \_\_\_\_\_

Do you have responsibilities that would limit your availability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Do you limit your annual earnings due to Social Security or other reasons? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state the maximum amount you wish to earn \_\_\_\_\_

If applying for a Direct Care Specialist or Registered Nurse position, please select the shift (s) you are interested in.

Days 7:00am-3:00pm \_\_\_\_\_ Are you available to work: Weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

Evenings 2:45pm-10:45pm \_\_\_\_\_ Holidays? Yes \_\_\_\_\_ No \_\_\_\_\_

Nights 10:45pm- 7:00am \_\_\_\_\_ Rotating shifts? Yes \_\_\_\_\_ No \_\_\_\_\_

---

**J.D. McCARTY CENTER for CHILDREN with DEVELOPMENTAL DISABILITIES**

---

**ADDITIONAL INFORMATION:** *Missing information may make it difficult for us to adequately summarize your background. To assist us in finding the proper position for you with the facility use the space below to summarize any additional information necessary to describe your full qualifications for employment or future promotion. You may also include a copy of your resume.*

---

---

---

---

**SMOKING AND DRUG FREE WORKPLACE:** Our policy is to promote and provide a safe and healthy environment for our patients, employees, physicians, students, volunteers and visitors. We discourage the use of all tobacco and vapor products and smoking, therefore these activities are not allowed on the JDMC campus. Additionally, we prohibit the use of illegal drugs.

**STATEMENT OF UNDERSTANDING**

I consent to take the post-offer of employment physical examination, and such future physical examination, as may be require by this facility at such times and places as the facility shall designate. I consent to any drug/alcohol testing required by the by this hospital. I understand if hired by the J.D. McCarty Center, prior to my first day of work, I will be required to have or bring documentation of certain immunization records and to verify that I am either a U.S. citizen or a legal foreign national resident.

I understand that I will be required to follow the policies and rules of the facility and those infractions of said rules may lead to dismissal. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

I further understand that this institution follows the “fair employment practice code” and there is no discrimination in the hiring of individuals based on sex, race, religion, age, or physical disability unrelated to ability to perform the work required.

I hereby authorize persons, schools, my current employer (if applicable), previous employers, and organizations named in this application (and accompanying resume, if any) to provide the J.D. McCarty Center with any relevant information regarding any employment decision, and I release all such persons from any liability regarding the provision or use of such information.

I understand that if I am employed it will be on a probationary or trial basis for a period of at least 1 year. Upon my termination, I authorize the release of reference information of my work. I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this facility. I also understand that if I am applying for a patient care position, I may be expected to work off premises as required for field trips or outside appointments. Occasionally field trips may require overnight stays.

---

Applicants Signature

---

Parent or Guardian Signature  
(if under age 18)

---

Date

---

**JD McCARTY CENTER for CHILDREN with DEVELOPMENTAL DISABILITIES**

---

---

Name \_\_\_\_\_ Date of Birth (Month/Date/Year) \_\_\_\_\_

---

Social Security Number \_\_\_\_\_

**FOREIGN LANGUAGES:**

List any language (s) other than English and check each box that applies for your skill level.

\_\_\_\_\_  Read  Write  Speak

Language \_\_\_\_\_

\_\_\_\_\_  Read  Write  Speak

Language \_\_\_\_\_

**MILITARY INFORMATION:**

Have you ever been \_\_\_\_\_ What is your present \_\_\_\_\_ Are you presently a member \_\_\_\_\_ If so, when is your  
in the U.S. Armed Forces? \_\_\_\_\_ selective service: \_\_\_\_\_ of the reserves or National Guard? \_\_\_\_\_ enlistment up? \_\_\_\_\_

**APPLICANT'S STATEMENT:**

*My signature below gives the J.D. McCarty Center for Children with Developmental Disabilities the right to investigate my past employment, education, and criminal history including periodic review of the Oklahoma State Bureau of Investigation records, and civilian or military judicial records. I understand that any false answers, statements, or implications, I might make in this application or in any other required document, shall be considered sufficient cause to deny employment or for discharge if already employed.*

---

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**VOLUNTARY APPLICANT SURVEY**

The information requested will be used to assist our facility in complying with state and federal record keeping and reporting requirements. Please provide accurate information. Your cooperation is important.

SEX  Male  Female

**RACE OR ETHNIC GROUP (CHECK ONE)**

- 1. Black (not of Hispanic origin)
- 2. Asian or Pacific Islander
- 3. American Indian or Alaskan Native
- 4. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.)
- 5. White (not of Hispanic origin)

**DISABILITIES**

A person has a disability if he or she (1) has a physical or mental impairment that substantially limits one or more life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.

According to this definition, are you a person with a disability?  
 yes  no