

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 DESIREI	D:	
NAME:			
(First)	(Middle)	(L	Last)
ADDRESS:			
	(City)	(State)	(Zip)
TELEPHONE #:	SOCL	AL SECURITY#	
*DATE OF BIRTH	_ *RACE	*THIS IS VOLUNTA	ARY INFORMATION
IN CASE OF EMERGENCY, NOTIFY:		TELEPHONE#	
ARE YOU PRESENTLY EMPLOYED?	IF SO, WHY D	O 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

Affirmative Action/Equal Opportunity Employer

COMPUTER KNOWLEDGE () YES () NO IF YES, 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 THREE (3) 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.

Applicant's	Signature:
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Signature Required

Affirmative Action/Equal Opportunity Employer

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