Oklahoma Hall of Fame/ Gaylord- Pickens Museum

Employment Application must be completed in its entirety.

				Аp	plicant	Information				
Full Name:									ate:	
Last Address:			First			M.I.				
, taa1000	Street Address						Apartment/Unit #			
-	City						Star	te	ZIP Cod	de
Phone: ()				E-r	mail Address:				
Date Available: Social Security No.:			.:		Desired	l Salary:	\$			
Position Ap	plied for:			\/=0						
Are you eligible to work in the United States? YES NO YES NO YES NO										
Have you ever worked for this company?					If so, when?					
Have you e	ver been con	victed of a fe	ony?	YES	NO					
If yes, expla	ain:									
					Edu	cation				
High Schoo	ıl:				Address	:				
Did you gra		YES NO								
College: _					Address	:				
Did you gra		YES NO	Degree:							
Other:					Address	:				
Degree/Cer	tification:									
					Refe	rences				
Please list	three profess	sional refere	nces.							
Full Name:						Relationship:				
Company:							_ Phone:)	
Address: _										
Full Name:						Relationship:				
Company:							_ Phone:	_()	
Address: _										
Full Name:						Relationship:				
Company:							_ Phone:)	
Address:										

Previous Employment								
Company:	_ Phone: <u>(</u>)							
Address:	Supervisor:							
Job Title:								
Responsibilities:								
From: To: Reason for Leaving:								
May we contact your previous supervisor for a reference?	NO 							
Company:	Phone: ()							
Address:	Supervisor:							
Job Title:								
Responsibilities:								
From: To: Reason for Leaving:								
May we contact your previous supervisor for a reference? YES NO □ □								
Company:	Phone: ()							
Address:	Supervisor:							
Job Title:	•							
Responsibilities:								
From: To: Reason for Leaving:								
May we contact your previous supervisor for a reference? YES NO □ □								
Military Service								
Branch:	From: To:							
Rank at Discharge: Type	of Discharge:							
If other than honorable, explain:								
Disclaimer and Sign	nature							
I certify that my answers are true and complete to the best of my knowledge.								
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.								
Signature:	Date:							

The Oklahoma Hall of Fame is an Equal Employment Opportunity Employer.