



## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

Prospective employees will receive consideration without discrimination regardless of race, color, sex, religion, national origin, age, ancestry, handicap, disability, or military status, genetic information, or other characteristic protected by applicable law.

Position Applied for: **President & CEO**      Salary Requirements Per Month \$      Date of Application:

### PERSONAL

First Name      Middle Name      Last Name

Street Address

City      State      Zip

Home Phone      Cell Phone  
(   )

E-mail address:      May we contact you at work:      Yes  No

Are you presently legally eligible to work for ACEC Oklahoma under U.S. law?      Yes  No

Date available for work:      Driver's License Number:      State:

Will you travel if the job requires it?      Will you work evenings and weekends if the job requires it?  
Yes  No       Yes  No

Have you been convicted of a felony in the last seven (7) years? *Such conviction may be relevant, if job-related, but does not bar you from employment.*  
Yes  No       If yes, please explain:

Other special training or skills that would be of benefit for this job (please exclude information that would reveal your protected status, e.g., race, sex, national origin, etc.):

### EDUCATION

Type of School	Name & Location of School	Course of Study	From (Month/Year)	To (Month/Year)	Did you Graduate?	Type of Degree
College					Yes <input type="checkbox"/> No <input type="checkbox"/>	
College					Yes <input type="checkbox"/> No <input type="checkbox"/>	
High					Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other

### EMPLOYMENT

*List present and past two employers, beginning with your most recent.*

(1) Employer:      Address/City:

Telephone:      Name of Supervisor:      Employed (Month & Year)      Monthly  Hourly Salary   
(   )      From:      Start: \$  
To:      Last: \$

State your job title, describe your work and reason for leaving:

(2) Employer:      Address/City:

Telephone:      Name of Supervisor:      Employed (Month & Year)      Monthly  Hourly Salary   
(   )      From:      Start: \$  
To:      Last: \$

State your job title, describe your work and reason for leaving:



**READ CAREFULLY BEFORE SIGNING**

**In consideration of the review by ACEC Oklahoma of my application, I agree that any claim or lawsuit arising out of my employment or my application for employment with ACEC Oklahoma must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein and IWAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

I certify that the information I have given on this application, resume, or any other pre-employment document is, to the best of my knowledge and belief, true and correct without reservations of any kind. I further affirm that I have not knowingly withheld any facts or circumstances that would materially affect this application.

I understand that in case of employment, any omission, misrepresentation, or false information provided on this application, my resume, at the time of my interview(s), or on any ACEC Oklahoma document may be considered sufficient cause for immediate dismissal. I understand that this application does not constitute an employment contract or an offer of employment. I further understand that if I am offered employment, my employment will be "at-will," which means that just as I am free to resign at any time, ACEC Oklahoma reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has authority to make any assurances to the contrary. I understand that I must at all time abide by ACEC Oklahoma's policies and procedures, which I acknowledge can be changed at any time, with or without notice to me, and I agree to do so if employed.

I authorize ACEC Oklahoma to verify and investigate any and all information contained in this application from former employers and others, and I release ACEC Oklahoma and all parties providing information from any liability in connection with any information they give. This waiver does not permit the release or use of disability-related or medical or genetic information in a manner prohibited by the Americans with Disabilities Act (ADA) or Genetic Information Non-Discrimination Act (GINA) and other relevant federal and state laws.

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