

WHEATHEART NUTRITION PROJECT, INC.  
 123 North Main, P. O. Box 606  
 Blackwell, Oklahoma 74631  
 (580) 262-0303  
 APPLICATION FOR EMPLOYMENT

Wheatheart Nutrition Project, Inc. is a private, non-profit organization funded through the Title III Older Americans Act and the State of Oklahoma, Dept. of Human Services. We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, handicap, or national origin.

**PERSONAL INFORMATION**

Date

Soc. Sec. No.

Name

Last

First

Middle

Present Address

Street

City

State

Zip

Phone No.

State Name of Any Relative Already Employed By Wheatheart

Preference for employment will be given to individuals 60 years of age or older, other qualifications being equal. If you qualify for this preference and would like for this to be known to us, indicate by marking the following box:

**EMPLOYMENT DESIRED**

Position

Date You Can Start:

Are You Now Employed?

May We Inquire of Your Employer?

Ever Applied To This Project Before?

Where

When

**EDUCATION**

Name & Location

Year Completed

Graduate? (yes or no)

Subjects & Degree(s)

High School		1 2 3 4		
College		1 2 3 4		
Trade, Business, Correspondence, Special Training, Skills, etc. Describe:		1 2 3 4		

**General**

Community and/or Civic Activities:

Can you use your personal vehicle for work if the job requires it?

Yes

No

In what ways have you worked with Senior Citizens?

**FORMER EMPLOYERS** List Below Last Four Employers, Starting with Last One First

Month & Year	Name & Address of Employer	Salary	Position	Why Left
From _____				
To _____				
From _____				
To _____				
From _____				
To _____				
From _____				
To _____				

**REFERENCES:** Give Below the Names of Three Persons Not Related to You, Whom You Have Known at Least One Year. Previous work supervisors preferred.

Name	Address	Business	Phone
1 _____			
2 _____			
3 _____			

**PHYSICAL RECORD:** Do you have any physical condition or previous injury which would prevent you from performing certain kinds of work? Yes  No   
 If yes, please describe such condition or injury: \_\_\_\_\_

**In Case of Emergency Notify:**

Name	Address	Phone
_____		

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may be terminated at any time in accordance with established policies and procedures.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

**REMARKS:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Neatness \_\_\_\_\_ Experience \_\_\_\_\_

Personality \_\_\_\_\_ Ability \_\_\_\_\_

Hired: \_\_\_\_\_ Position \_\_\_\_\_ Will Report \_\_\_\_\_ Wages \_\_\_\_\_ Hrs. \_\_\_\_\_

Approved: \_\_\_\_\_