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COMPLETE APPLICATION:

- a. Email completed application and resume to:
 1. clientservices@tulsaweaverdrugtesting.com OR
 2. admin@tulsaweaverdrugtesting.com

- b. Bring completed application and resume to pre-scheduled interview

Applicant Information

APPLICANT NAME:	
HOME PHONE:	CELL PHONE:
EMAIL ADDRESS:	SSN:
CURRENT ADDRESS:	
CITY:	STATE & ZIP
DATE OF BIRTH:	
IF HIRED, ON WHAT DATE CAN YOU START? ____/____/____	
CAN YOU WORK WEEKENDS? [] Y OR [] N	CAN YOU WORK EVENINGS? [] Y OR [] N
HOW DID YOU HEAR ABOUT THIS OPENING?	

Personal Information

ARE YOU OVER THE AGE OF 18?
IF HIRED, WOULD YOU HAVE GUARANTEED TRANSPORTATION TO/FROM WORK? [] Y OR [] N
HAVE YOU APPLIED TO/WORKED FOR WEAVER DRUG TESTING LAB BEFORE? [] Y OR [] N
IF YES, PLEASE PROVIDE DATES:
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR) [] Y OR [] N
----- IF YES, PLEASE STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE:
ARE YOU OR SOMEONE YOU KNOW CURRENTLY, PREVIOUSLY OR CONSIDERING PARTICIPATING IN ANY OF THE FOLLOWING PROGRAMS: DRUG COURT, DUI COURT, MENTAL HEALTH COURT, VETERAN'S COURT, WOMEN IN RECOVERY [] Y OR [] N IF SO, WHICH PROGRAM:
IF YES, PLEASE LIST THEIR NAMES AND RELATIONSHIP TO YOU:
NAME: RELATIONSHIP:
NAME: RELATIONSHIP:
NAME: RELATIONSHIP:

Education, Training, Experience

HIGH SCHOOL:	YEARS COMPLETED:
DID YOU GRADUATE? [] Y OR [] N	DEGREE / DIPLOMA EARNED:
COLLEGE/UNIVERSITY:	YEARS COMPLETED:
DID YOU GRADUATE? [] Y OR [] N	DEGREE / DIPLOMA EARNED:
VOCATIONAL SCHOOL:	YEARS COMPLETED:
DID YOU GRADUATE? [] Y OR [] N	DEGREE / DIPLOMA EARNED:

Additional Information

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING OR QUALIFICATIONS THAT MAKE YOU ESPECIALLY SUITED FOR THE POSITION?

Employment History

ARE YOU CURRENTLY EMPLOYED? []Y OR []N

MAY WE CONTACT YOUR CURRENT EMPLOYER? []Y OR []N

PLEASE LIST AND DESCRIBE PREVIOUS EMPLOYMENT STARTING WITH MOST RECENT

EMPLOYER:	CITY, STATE:
NAME OF SUPERVISOR:	PHONE:
DATES OF EMPLOYMENT: ___/___/___ TO ___/___/___	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? []Y OR []N	

EMPLOYER:	CITY, STATE:
NAME OF SUPERVISOR:	PHONE:
DATES OF EMPLOYMENT: ___/___/___ TO ___/___/___	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? []Y OR []N	

EMPLOYER:	CITY, STATE:
NAME OF SUPERVISOR:	PHONE:
DATES OF EMPLOYMENT: ___/___/___ TO ___/___/___	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER FOR REFERENCES? []Y OR []N	

References

LIST BELOW THREE PERSONS WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST FOUR YEARS. PLEASE INCLUDE PROFESSIONAL REFERENCES ONLY.

NAME:	PHONE:
YEARS ACQUAINTED:	OCCUPATION:
NAME:	PHONE:
YEARS ACQUAINTED:	OCCUPATION:
NAME:	PHONE:
YEARS ACQUAINTED:	OCCUPATION:

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including misstatement) of material fact on this application or on any document used to secure it can be grounds for rejection of my application or, if I am employed by this company, terms for my immediate expulsion from the company. _____ **(initial)**

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or by the company. _____ **(initial)**

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure _____ **(initial)**

Applicant's Signature: _____

Date: _____

Manager Approval: _____

Date: _____