

**ORAL ROBERTS
EVANGELISTIC ASSOCIATION
(OREA)
EMPLOYMENT APPLICATION**

Date of Application:		
Last Name	First	M.I.
Home Address		
Street	City	State
Apt. #		Zip
Telephone	Cell Phone	Message Phone
()	()	()
Email Address:		
Position Desired:	Full-Time _____ Part-Time _____ Seasonal _____ Shift Preferred: 1 st _____ 2 nd _____ 3 rd _____	
1)	Salary Expected:	
2)		
3)		
• Have you worked for Oral Roberts Evangelistic Association before? YES <input type="checkbox"/> NO <input type="checkbox"/> • If so, what department? _____ • If so, under what name? _____		

EDUCATION					
Name of College, University, or Technical School	Location City & State	Highest Grade Completed	Graduated (YES or NO)	Degrees, Certificates Received (B.A., B.S., etc.)	Fields of Study Major and/or Minor
Name of High School	City & State				

<ul style="list-style-type: none"> Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> (A yes answer does not automatically disqualify you from employment since the nature of the offense, and the type of job for which you are applying will be considered.)
<ul style="list-style-type: none"> If yes, explain: Date of Conviction:
<ul style="list-style-type: none"> Have you ever been discharged from a job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:

ESSENTIAL FUNCTIONS	
<ul style="list-style-type: none"> Have you read a listing of the “essential functions” of the position for which you have applied? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, refer to postings on the bulletin board or ask to review that listing before completing this section. 	
<ul style="list-style-type: none"> Are you able to perform or safely perform the essential functions of this job as described, with or without any reasonable accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/> 	
<ul style="list-style-type: none"> What office machines or other equipment do you operate? (i.e., personal computer, typewriter, 10-key) 	
<ul style="list-style-type: none"> Estimated typing speed? 	
<ul style="list-style-type: none"> If you possess PC Skills, what software are you competent in? 	
<ul style="list-style-type: none"> List any special training, achievements, skills, military training that you possess which relate to the job for which you are applying. 	
<ul style="list-style-type: none"> Can you work over 40 hours per week? Yes <input type="checkbox"/> No <input type="checkbox"/> 	
<ul style="list-style-type: none"> Weekends? _____ Holidays? _____ 	
<ul style="list-style-type: none"> Are you related to anyone in the department for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, their name(s) _____ 	
<ul style="list-style-type: none"> Are you related to anyone working at OREA? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, their name(s) _____ 	

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS			
Type:	State Issued:	Expiration Date:	Cert. No.: Annual No.:
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<ul style="list-style-type: none"> Please list professional organizations, special interests, or hobbies (omit any which might indicate race, gender, age, national origin, disability, or veteran status). 			
<ul style="list-style-type: none"> Please give a brief statement of your career objective. 			

SPIRITUAL INFORMATION	
Name and location of church you attend:	
Are you a regular attendant?	
Do you take an active part? If so, what activities are you engaged in?	
Have you accepted Jesus Christ as your personal Savior and Lord?	
Do you believe God saves the soul of man?	

START WITH CURRENT OR MOST RECENT EMPLOYER

1) Name of Company:	Employment Dates: _____ To _____	Rate of Pay:	Job Title:
Address:		Full-time? Yes or No	
		Describe in detail the work you did:	
City/State/Zip:			
Name of Supervisor:			
Telephone Number:			
Reason for Leaving:			

2) Name of Company:	Employment Dates: _____ To _____	Rate of Pay:	Job Title:
Address:		Full-time? Yes or No	
		Describe in detail the work you did:	
City/State/Zip:			
Name of Supervisor:			
Telephone Number:			
Reason for Leaving:			

3) Name of Company:	Employment Dates: _____ To _____	Rate of Pay:	Job Title:
Address:		Full-time? Yes or No	
		Describe in detail the work you did:	
City/State/Zip:			
Name of Supervisor:			
Telephone Number:			
Reason for Leaving:			

4) Name of Company:	Employment Dates: _____ To _____	Rate of Pay:	Job Title:
Address:		Full-time? Yes or No	
		Describe in detail the work you did:	
City/State/Zip:			
Name of Supervisor:			
Telephone Number:			
Reason for Leaving:			

5) Name of Company:	Employment Dates: _____ To _____	Rate of Pay:	Job Title:
Address:		Full-time? Yes or No	
		Describe in detail the work you did:	
City/State/Zip:			
Name of Supervisor:			
Telephone Number:			
Reason for Leaving:			

Are you familiar with the ministry and life-style of the Oral Roberts Evangelistic Association?
Can you, after employment, verify your legal right to work in the United States?: Yes <input type="checkbox"/> No <input type="checkbox"/>
Students with F1 visas may seek employment through the Student Employment Office only. We adhere to all INS regulations regarding the legal employment status of individuals.
Please explain, briefly, why you wish to be employed by Oral Roberts Evangelistic Association.

REFERENCES			
List three (3) persons, other than relatives, who have been well acquainted with you within the past two years.			
Name	Occupation	Address/City/State/Zip	Telephone

In completing this application, I understand that if a conditional offer of employment is extended, I will conform to the rules and regulations of the company, and that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself.

I authorize Oral Roberts Evangelistic Association (OREA) to make an investigation of all information contained in this application for employment, and I release from liability all companies, corporations, or personal references named or to whom the ministry may refer to in supplying such information. I understand that any false answers, statements, omissions or implications made by me on this application or in the interview process shall be considered sufficient cause for denial of employment or immediate discharge. Upon termination of my employment, I release OREA from any and all liability. I authorize the request of a copy of my motor vehicle driving record and any other investigative report or criminal arrest check deemed necessary from various third party sources. If requested, I will take a physical examination after a job offer has been extended and I understand that my employment will be conditional upon passing such exam.

I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time. I have read and understand the above and acknowledge that the information provided is complete and accurate.

Applicant's Signature:
Date:

OREA employs, advances, admits, and treats in its employment, all persons without regard to race, national or ethnic origin, sex, age, disability, or status as a veteran.

OREA Human Resources Office, 6355 East Skelly Drive, Tulsa, OK 74135
 Phone: (918) 591-2164 Email Address: donna.richey@orm.cc Website: www.orm.cc Fax: (918) 591-2197