

ORAL ROBERTS EVANGELISTIC ASSOCIATION (OREA)

Employment Application

To fill out this interactive document via computer, we recommend using Adobe Reader. Download Adobe Reader [here](#).

Date of Application: _____

Last Name: _____ First: _____ MI: _____

Home Address: _____
 _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Cell: (____) _____ Message Phone: (____) _____

Email Address: _____

Position Desired: Full-Time Part-Time Seasonal

1.) _____ Shift Preferred: 1st 2nd 3rd

2.) _____ Salary Expected: _____

3.) _____

Have you worked for Oral Roberts Evangelistic Association Before? Yes No

If so, what department? _____ If so, under what name? _____

EDUCATION

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

Name of High School	Location: City & State	Highest Grade Complete	Graduated (YES or NO)
			Yes No

Have you ever been convicted of a felony? Yes No *(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.)*

If yes, explain:

Date of Conviction: _____

ESSENTIAL FUNCTIONS

- Have you read a listing of the “essential functions” of the position for which you have applied? Yes No
(If no, refer to postings on the bulletin board or ask to review that listing before completing this section.)
- Are you able to perform or safely perform the essential functions of this job as described, with or without any reasonable accommodations? Yes No
- What office machines or other equipment do you operate? (i.e., personal computer, typewriter, 10-key) Estimated typing speed? _____
- If you possess PC Skills, what software are you competent in?

- List any special training, achievements, skills, military training that you possess which relate to the job for which you are applying.

- Can you work over 40 hours per week? Yes No
Weekends? Yes No Holidays? Yes No
- Are you related to anyone in the department for which you are applying? Yes No
If so, their name(s): _____
- Are you related to anyone working at OREA? Yes No
If so, their name(s): _____

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

Type: _____ State Issued: _____ Exp. Date: _____
Cert. No.: _____ Annual No.: _____

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- Please list professional organizations, special interests, or hobbies (omit any which might indicate race, gender, age, national origin, disability, or veteran status).

- 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? Yes No If so, what activities are you engaged in?

Have you accepted Jesus Christ as your personal Savior and Lord? Yes No

Do you believe God saves the soul of man? Yes No

EMPLOYMENT HISTORY

(Start with current or most recent employer)

1. Name of Company: _____ Employment Dates: _____ to _____

Rate of Pay: _____ Job Title: _____ Full-Time? Yes No

Address: _____

Describe in detail the work you did:

City/State/Zip: _____

Telephone Number: (____) _____

Reason for Leaving: _____

2. Name of Company: _____ Employment Dates: _____ to _____

Rate of Pay: _____ Job Title: _____ Full-Time? Yes No

Address: _____

Describe in detail the work you did:

City/State/Zip: _____

Telephone Number: (____) _____

Reason for Leaving: _____

3. Name of Company: _____ Employment Dates: _____ to _____

Rate of Pay: _____ Job Title: _____ Full-Time? Yes No

Address: _____

Describe in detail the work you did:

City/State/Zip: _____

Telephone Number: (____) _____

Reason for Leaving: _____

4. Name of Company: _____ Employment Dates: _____ to _____

Rate of Pay: _____ Job Title: _____ Full-Time? Yes No

Address: _____

Describe in detail the work you did:

City/State/Zip: _____

Telephone Number: (____) _____

Reason for Leaving: _____

PERSONAL INFORMATION

Are you familiar with the ministry and life-style of the Oral Roberts Evangelistic Association? Yes No

Can you, after employment, verify your legal right to work in the United States? Yes No

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

How did you learn about our open position: Tulsa World Ad Craig's List Community Spirit

Employee Facebook Other: _____

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.

Mail to: OREA Human Resources Office, P.O. Box 2187, Tulsa, OK 74102-2187

Or save and email to: donna.walker@oralroberts.com

Phone: (918) 591-2164 *Website:* www.oralroberts.com *Fax:* (918) 591-2197

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