

CITY OF PAULS VALLEY APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The CITY does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, disabled status, or any other legally protected status.

Print or type answers to each question clearly and completely. All questions must be answered. This is an application for employment and no employment contract is being offered. The CITY may change wages, benefits, and conditions of employment at any time. If you need assistance in completing this application form or in participating in the selection process, please inform the receptionist.

Position desired _____ Social Security Number _____

Date of application _____ Date available for work _____

Are you available to work: Full Time ___ Part Time ___ Shift Work ___ Weekends ___ Nights ___

If part time what hours and days: Sunday _____ Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____ Cell Phone Number _____

City, State, Zip _____ Home or Business Phone Number _____

If you are under 18 years of age, can you provide proof of your eligibility to work? YES ___ NO ___

Have you ever worked for this CITY? YES ___ NO ___ If yes, give prior name, dates and reason for leaving:

Are you legally eligible to work in the United States: YES ___ NO ___
(Verification will be required upon employment and failure to furnish documentation will be cause for separation.)

Do you have a current Oklahoma Driver's License? YES ___ NO ___ DL# _____

Do you have a current CDL? YES ___ NO ___ CLASS ___ CDL# _____

Has your license been revoked or suspended in the last 5 years? YES ___ NO ___ If yes, give year and reason: _____

Have you ever been convicted of a felony in the last 7 years or are you currently charged with the commission of a felony? YES ___ NO ___ If yes, state what, when and how: (Note: This is for information and does not in itself disqualify you for employment) _____

Military Service Branch: _____ Date Entered _____

Date and type of discharge _____

Indicate specific military experience or training that is job related _____

After reviewing the essential job functions from the attached job description, are you able to do them with or without reasonable accommodation? YES____ NO____

The CITY is concerned with your ability to perform the job and will not at this time consider your need for reasonable accommodation. If after reviewing your application form, verifying your responses, and conducting necessary interviews or tests, you are considered for the job and would need reasonable accommodation to perform the essential job functions, the parties will explore these alternatives. REMEMBER: The CITY may conduct a pre-employment exam which may determine whether you can perform the essential functions of the job without substantial risk to yourself, co-workers or the public.

In addition, review the attached minimum qualifications and provide us with prior education, work experience, and any relevant training or certificates and licenses that would indicate your knowledge, skills and abilities to perform the job. Be as specific as possible since you will be screened on what you include regardless of what you might otherwise be able to perform.

School	Name & Address of School	Course of Study	List Last Year Completed	Did you Graduate?	List Diploma or Degree
Middle				YES____ NO____	
High				YES____ NO____	
College				YES____ NO____	
Other				YES____ NO____	

References:

Give name, address and cell phone number of three people who are not related to you and are not previous employers.

Name	Address	Cell Phone Number

EMPLOYMENT HISTORY

<p>1. Employer, Address, Phone</p> <p>Job Title: _____</p> <p>Supervisor: _____</p>	<p>Date Started</p> <p>_____</p> <p>Hourly Rate/Salary Starting</p> <p>_____</p>	<p>Date Ended</p> <p>_____</p> <p>Hourly Rate/Salary Final</p> <p>_____</p>	<p>Work Performed:</p> <p>Reason for leaving:</p>
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<p>2. Employer, Address, Phone</p> <p>Job Title: _____</p> <p>Supervisor: _____</p>	<p>Date Started</p> <p>_____</p> <p>Hourly Rate/Salary Starting</p> <p>_____</p>	<p>Date Ended</p> <p>_____</p> <p>Hourly Rate/Salary Final</p> <p>_____</p>	<p>Work Performed:</p> <p>Reason for leaving:</p>
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<p>3. Employer, Address, Phone</p> <p>Job Title: _____</p> <p>Supervisor: _____</p>	<p>Date Started</p> <p>_____</p> <p>Hourly Rate/Salary Starting</p> <p>_____</p>	<p>Date Ended</p> <p>_____</p> <p>Hourly Rate/Salary Final</p> <p>_____</p>	<p>Work Performed:</p> <p>Reason for leaving:</p>
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<p>4. Employer, Address, Phone</p> <p>Job Title: _____</p> <p>Supervisor: _____</p>	<p>Date Started</p> <p>_____</p> <p>Hourly Rate/Salary Starting</p> <p>_____</p>	<p>Date Ended</p> <p>_____</p> <p>Hourly Rate/Salary Final</p> <p>_____</p>	<p>Work Performed:</p> <p>Reason for leaving:</p>
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If you need additional space, please continue on a separate sheet of paper.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ___ NO ___

ADDITIONAL INFORMATION

If you have any additional information or comments concerning your voluntary experience, any special licenses or training, which would help us determine your suitability for this position, please use the space below or an extra sheet of paper if necessary. All attachments must be signed and dated.

READ CAREFULLY BEFORE SIGNING

I certify that facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the CITY to investigate any information included in this application and I agree to submit to medical examination if required. I understand that this application is not a contract of employment. I hereby release the CITY and its agents from all liability in making any investigation and inquiry relative to information contained in this application form. I understand that if employed, false or misleading statements given in this application or interview (s) may result in discharge. I understand that I am required to abide by all rules and regulations of the CITY. **INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.**

Signature of Applicant

Date