

CITY OF CHICKASHA, OKLAHOMA

117 N 4th St. Chickasha, OK 73018

405-222-6020 FAX: 222-6029

EMPLOYMENT APPLICATION

We are pleased that you are interested in a position with the City of Chickasha. We are an equal opportunity employer, and no question on this application is intended to secure information to be used for discriminatory purposes. This form is a part of the examination process. Before completing this application, please read the minimum qualifications for the job in which you are interested. You cannot be considered for the position unless you meet these requirements. Answer all questions completely and accurately, and notify us promptly of any change of address.

IDENTIFYING INFORMATION

SECTION 1

(Please print or type, in blue or black ink)

Position Applied for: _____ Date Available: _____

Name: _____

Social Security No: _____

Last First M. I.

(See SECTION 9)

Address: _____

Telephone No. _____ Home

Street Apt#

Cell

City State Zip

To facilitate reference checks please indicate any other name under which you have been employed: _____

EDUCATION

SECTION 2

Indicate the highest grade completed: 6 7 8 9 10 11 12 GED

College: 1 2 3 4 5 6 PLUS

Name and Location of School	Course of Study	Yrs Completed	Degree
Graduate _____	_____	_____	_____
College _____	_____	_____	_____
Business/Trade/ Technical _____	_____	_____	_____
High School/GED _____	_____	_____	_____
Have you received any additional training – workshops, short courses, volunteer work, etc? _____			

SKILLS

SECTION 3

Please list specific skills you have that are related to the job for which you are applying, (i.e. office equipment, computer skills, typing speed, software used, machinery used, etc.):

EXPERIENCE

SECTION 4

Start at the top with your most recent experience and work backward. Experience may be paid or unpaid, full-time or military. Describe all of your work experience thoroughly, indicate how it relates to the position you are applying for. Include MONTH and YEAR of your beginning and ending dates of employment or experience. Failure to provide complete information may result in disqualification of your application.

1) **Employer Name:** _____ **Telephone:** (____) _____

Address: _____ **Employed From:** _____ to _____

Job Title: _____ **Supervisor's Name** _____

Starting Salary: _____ **Final Salary:** _____ **Hours per week:** _____

Duties: _____

Reason For Leaving: _____

2) **Employer Name:** _____ **Telephone:** (____) _____

Address: _____ **Employed From:** _____ to _____

Job Title: _____ **Supervisor's Name** _____

Starting Salary: _____ **Final Salary:** _____ **Hours per week:** _____

Duties: _____

Reason For Leaving: _____

3) **Employer Name:** _____ **Telephone:** (____) _____

Address: _____ **Employed From:** _____ to _____

Job Title: _____ **Supervisor's Name** _____

Starting Salary: _____ **Final Salary:** _____ **Hours per week:** _____

Duties: _____

Reason For Leaving: _____

4) **Employer Name:** _____ **Telephone:** (____) _____

Address: _____ **Employed From:** _____ to _____

Job Title: _____ **Supervisor's Name** _____

Starting Salary: _____ **Final Salary:** _____ **Hours per week:** _____

Duties: _____

Reason For Leaving: _____

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.

Do Not Contact employer No(s): _____ Reason(s): _____

MILITARY

SECTION 5

Have you ever served on active duty in the U.S. Armed Forces?

Yes

☐

No

☐

Branch: _____ Dates of Service: _____

Describe any training received relevant to the position for which you are applying: _____

PERSONAL DATA

SECTION 6

YES NO

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?

☐☐

Can you perform these essential functions with or without reasonable accommodations?

☐☐

If hired, can you show proof of authorization to work in the United States?

☐☐

Have you ever been employed by the City of Chickasha?

☐☐

Do you have any relatives currently employed by the City of Chickasha or seated on the City Council?(If yes , please list their names)

☐☐

Have you ever been convicted of a felony? If yes, list date, place, offense and fine (or sentence) for each in the space below. (Conviction will not necessarily disqualify an applicant from employment consideration).

☐☐

For positions requiring driving a vehicle, do you have a valid Oklahoma driver's license?

DL Number _____ Class/CDL: _____ Endorsements: _____ Expiration Date: _____ / _____ / _____

Are you over 18 years old?

☐☐

Are you aware of the policy of the City regarding drug and alcohol in the work place?

☐☐

Explanatory remarks: (Please indicate item numbers to which answers apply): _____

REFERENCES (DO NOT INCLUDE FORMER EMPLOYERS OR RELATIVES)**SECTION 7**

Name and Occupation	Address	Telephone
		Home: () - Bus: () -
		Home: () - Bus: () -
		Home: () - Bus: () -

ADDITIONAL INFORMATION**SECTION 8**

Occasionally the format of an employment application makes it difficult for an applicant to adequately summarize his/her complete background. Use the space below to provide any addition information necessary to describe your complete qualifications for the position applied for.

AFFIDAVIT**SECTION 9****PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

CERTIFICATION: I certify that the information set forth in my employment application is true and complete to the best of my knowledge. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge from employment at any time. I understand that it is my responsibility to include with my application copies of verification of any education, license, or certification requirements for the position for which I have applied. I understand that final approval of employment depends upon satisfactory completion of a background check and a post-offer of employment physical examination by the City, including a drug/alcohol screen. Any illegal substance, controlled or otherwise, which shows in my drug/alcohol screen results will result in my immediate disqualification from employment with the City. I further understand that if I am hired by the City of Chickasha, the Immigration Reform and Control Act of 1986 requires that I provide certain information, including date of birth, country of origin, and statement of employment eligibility. In addition, I understand that I will be required to provide documents establishing my identity and authorization to work in the United States.

I will allow my Social Security # and date of birth to be used in this background investigation to provide that the information received is mine and not someone else with similar identification. Date of Birth: _____

STATEMENT OF APPLICANT: I authorize my former employers and character references to release any information regarding my employment. I hereby authorize the City of Chickasha to make any investigation of my background as is deemed necessary to verify my qualifications for the position for which I am applying.

Applicant's Signature: _____ Date: _____

Sign by indicating your date of birth (DOB)

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with the City of Chickasha will be based only on merit. All qualified persons will receive consideration without regard to race, color, religion, sex, age, national origin, marital status or disability.

THE CITY OF CHICKASHA IS AN EQUAL OPPORTUNITY EMPLOYER/AA