

## 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 No. _____	
Date of Application _____		Date available for work _____	
Are you available to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Weekends <input type="checkbox"/> Nights If part time what hours and days: _____			
Last Name _____		First _____	Middle _____
Street Address _____		Home Phone _____	
City, State, Zip _____		Business Phone _____	
If you are under 18 years of age, can you provide proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever worked for this CITY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give prior name, dates and reason for leaving: _____			
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Verification will be required upon employment and failure to furnish documentation will be cause for separation.)			
Do you hold a current valid Oklahoma operator's or commercial chauffeurs driver's license? _____ Yes    _____ No. (If so, give type, expiration date, and number: _____ ) (If tentatively selected, applicants applying for a position where driving is required, will be required to furnish a copy of their driving record at their expense prior to employment.)			
Has you license been revoked or suspended in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, give year and reason: _____			
Have you been convicted of a felony in the last 7 years or are you currently charged with the commission of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> 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 will determine whether you can do the essential functions of the job without substantial risk to yourself and 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.

**EDUCATIONAL RECORD**

School	Name and Address of school	Course of Study	Check Last Year Completed				Did You Graduate	List Diploma or Degree
Middle							_____ Yes	
							_____ No	
High							_____ Yes	
							_____ No	
College							_____ Yes	
							_____ No	
Other							_____ Yes	
							_____ No	

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name:	Address:	Telephone No.:
Name:	Address:	Telephone No.:
Name:	Address:	Telephone No.:

**EMPLOYMENT EXPERIENCE**

1. Employer, Address	Date Started	To	Work performed
Job Title:	Hourly <u>Rate/Salary</u> Starting	Hourly <u>Rate/Salary</u> Final	
Supervisor:			
Reason For leaving:			
2. Employer, Address	Date Started	To	Work performed
Job Title:	Hourly <u>Rate/Salary</u> Starting	Hourly <u>Rate/Salary</u> Final	
Supervisor:			
Reason for leaving:			
3. Employer, Address	Date Started	To	Work performed
Job Title:	Hourly <u>Rate/Salary</u> Starting	Hourly <u>Rate/Salary</u> Final	
Supervisor:			
Reason for leaving:			
4. Employer, Address	Date Started	To	Work Performed
Job Title:	Hourly <u>Rate/Salary</u> Starting	Hourly <u>Rate/Salary</u> Final	
Supervisor:			
Reason for leaving:			

If you need additional space, please continue on a separate sheet of paper.

