



McIntosh County

P.O. Box 110
Eufaula, OK 74432

EMPLOYMENT APPLICATION

NOTICE TO ALL APPLICANTS: It is the policy of McIntosh County to provide equal opportunities for employment, retention, transfer and reassignment, advancement, and rehire of all persons regardless of age, race, color, creed, national origin, political affiliation, religion, physical/mental disability, gender, or LGBTQ community. McIntosh County is a drug-free workplace. Candidates offered employment are required to pass a drug and/or alcohol test before beginning employment. In addition, employees in certain positions are subject to random drug testing.

Date: _____

PERSONAL DATA:

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____

EMPLOYMENT PREFERENCE:

Full-Time Part-Time Temporary

POSITION APPLYING FOR:

Courthouse: Administrative/Clerical Other (be specific) _____

District Barn: Equipment Operator Truck Driver Other (be specific) _____

Sheriff's Dept: Deputy Jailer Other (be specific) _____

GENERAL INFORMATION:

Have you ever been employed with McIntosh County? Yes No

If yes, give dates and position: _____

Are you currently employed or under contract: Yes No

On what date would you be available for employment? _____

Oklahoma has a nepotism law which prohibits hiring any person who is related by blood or marriage to the third degree. Do you have a relative who is currently employed by McIntosh County: Yes No

If yes, please explain: _____

An I-9 is required of all employees to determine eligibility to work in the United States. In addition, if you are under 18 years of age, can you provide proof of your eligibility to work? Yes No
(Verification will be required and failure to furnish documentation will be cause for separation)

SPECIAL SKILLS AND QUALIFICATIONS: Please summarize any special skills or qualifications that are relevant to the position for which you are applying. Include any equipment, office machines and licenses.

REFERENCES: (List three persons not related to you, whom you have known at least one year)

(Name)	(Address)	(Occupation)	(Yrs. Acquainted)	(Phone #)
--------	-----------	--------------	-------------------	-----------

(Name)	(Address)	(Occupation)	(Yrs. Acquainted)	(Phone #)
--------	-----------	--------------	-------------------	-----------

(Name)	(Address)	(Occupation)	(Yrs. Acquainted)	(Phone #)
--------	-----------	--------------	-------------------	-----------

NOTICE TO APPLICANT:

I understand that as this county deems necessary, I may be required to work overtime hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation of salary, wages or employment related benefits (not required by law).

I understand that my application will remain active one (1) year from date of application and that I should notify the Personnel Office, in writing, if I wish to be considered beyond that period.

I certify to the best of my knowledge the facts set forth in my application are accurate and complete.

Legal Signature of Applicant

Date

Please Note: Completion of this application DOES NOT GUARANTEE AN INTERVIEW OF EMPLOYMENT with McIntosh County. Your application will be placed in an active file for one (1) year from the date completed. We will need to be notified of any changes on the application throughout the year.

RETURN COMPLETED APPLICATIONS TO:

McIntosh County Clerk
110 N. 1st Street (located on second floor)
Or by mail to:
P.O. Box 110
Eufaula, OK 74432

Do you have the ability to perform the job-related functions of this job applied for? Yes No
If the answer to the above question is no, please describe what reasonable accommodations would enable you to perform the job-related functions of the job applied for. _____

Do you hold a current and valid Oklahoma driver's license? Yes No
If yes, is this a CDL? Yes No
License Number: _____ Endorsements: _____
Expiration Date: _____

Are you a member of the United States Military? Yes No
If yes, Branch of service: _____

Have you been arrested or convicted of a felony/misdemeanor in the last 10 years? Yes No
If yes, please explain: (Note: this information does not in itself disqualify you from employment)

EDUCATION:

High School: _____
(Name of School) (Address) (Highest Grade Completed)
College: _____
(Name of School) (Address) (Number of Hours Completed)
Other: _____

EMPLOYMENT HISTORY:

Please list your work experience for the last 10 years beginning with your most recent job held. Attach additional sheets if necessary.

Name: _____ From: _____ To: _____
Address: _____ Beginning Pay: _____ Ending Pay: _____
Job Title: _____ Name of Supervisor: _____
May we contact: _____ Telephone: _____
Reason for leaving: _____

Name: _____ From: _____ To: _____
Address: _____ Beginning Pay: _____ Ending Pay: _____
Job Title: _____ Name of Supervisor: _____
May we contact: _____ Telephone: _____
Reason for leaving: _____

Name: _____ From: _____ To: _____
Address: _____ Beginning Pay: _____ Ending Pay: _____
Job Title: _____ Name of Supervisor: _____
May we contact: _____ Telephone: _____
Reason for leaving: _____

NEW EMPLOYEE INFORMATION FORM

ALL NEW HIRES MUST BE ENROLLED BEFORE WORKING

PLEASE ATTACH COPY OF DRIVER' LICENSE, SOCIAL SECURITY CARD AND A VOIDED CHECK

DEPARTMENT: _____
POSITION: _____
HOURLY RATE OF PAY: \$ _____
ALL PAY IS BI-WEEKLY
ACCOUNT TO PAY FROM:

SOCIAL SEC. NO.: _____
DOB: _____
SEX: MALE FEMALE
NATIONALITY: _____
MARITAL STATUS: MARRIED WIDOWED
MARRIED, BUT SEPARATED DIVORCED
NEVER MARRIED
NAME & PHONE TO NOTIFY IN CASE OF
EMERGENCY: _____

BENEFICIARY:
NAME: _____
ADDRESS: _____
SS #: _____
RELATIONSHIP: _____
DOB: _____

NAME: _____
ADDRESS: _____

PHONE: _____
E-MAIL: _____

EMPLOYMENT STATUS:

FULL TIME WITH INSURANCE & RETIREMENT-ALL BENEFITS

PART TIME LESS THAN 20 HRS PER WEEK -CANNOT EXCEED 999 HRS IN 12 MONTH PERIOD-NO INSURANCE-NO RETIREMENT UNLESS ACTIVE MEMBER OF OPERS- NO BENEFITS

TEMPORARY CANNOT WORK OVER 999 HRS PER YEAR FROM START DATE-NO BENEFITS

SIGNED THIS _____ DAY OF _____, _____

EMPLOYEE SIGNATURE

OFFICIAL SIGNATURE

ACKNOWLEDGED AND APPROVED BY MCINTOSH COUNTY BOARD OF COUNTY COMMISSIONERS THIS _____ DAY OF _____

CHAIRMAN

VICE CHAIRMAN

MEMBER

ATTEST: COUNTY CLERK

**MCINTOSH COUNTY
AUTHORIZATION TO RELEASE INFORMATION FOR EMPLOYMENT**

THIS MUST BE ATTACHED TO YOUR COMPLETED APPLICATION

Applicant's Name: _____

Current Address: _____

To Whom It May Concern,

I am an applicant for employment with McIntosh County. This agency needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency. Additional background information may be requested for specific positions.

I hereby request and authorize you to release to McIntosh County any and all information or records concerning me, my background and personal history, my employment, education, military service, and/or criminal history. The intent of this authorization is to give my consent for full and complete disclosure of any and all information of records, including photocopies, whether private, public, confidential, or privileged, and to include the contents of investigatory files, evaluations, ratings, complaints or grievances filed against me.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

I agree to indemnify and hold harmless any person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, arising out of or by reason of complying with this request.

Failure to release the information requested may result in the discontinuance of the background investigation and the processing of my application.

For and in consideration of McIntosh County acceptance and processing of my application for employment, I agree to hold the Agency, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

This authorization is valid for one (1) year from the date of my signature.

Signature: _____

Date: _____