

# Town of Fort Cobb

## APPLICATION FOR CITY EMPLOYMENT

### AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The Town of Fort Cobb does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, handicapped 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 Town of Fort Cobb 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.

If you are hired by the Town of Fort Cobb, the information supplied on this employment application, except for your residential address, may be subject to disclosure through the Open Records Act of the State of Oklahoma. If you wish the Town of Fort Cobb to consider other information regarding your qualifications for this position, you may separately submit a resume containing such documentation.

|   |                     |
|---|---------------------|
| Position desired  | Date of application |
| Date available for work   |                     |
| Are you able to work ___ full time ___ part time ___ shifts ___ weekends ___ nights<br>(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? ___yes ___no<br>(Parent/Guardian signature & release)  |                     |
| Have you ever worked for this City? ___yes ___no<br>If yes, give prior name, dates and reason for leaving:  |                     |
| Are you legally eligible to work in the United States? ___yes ___no   |                     |
| Do you hold a current and valid Oklahoma operator's or commercial chauffeurs driver's license<br>(with endorsements specific to the equipment you will be operating)? ___yes ___no<br>(if so, give type, expiration date, and number: _____ )<br>(If tentatively selected, applicants applying for position where driving is required, may be required to furnish a copy, at their expense, of their driving record prior to employment.) |                     |
| Are you related to any city employee or any member of the City Council? ___yes ___no<br>If so, give name, department, and relationship:   |                     |
| Have you 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 information does not 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 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 minimum qualifications and provide us with prior education, work experience, and any relevant training or certificates and licenses that you 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 |
|-----------------|----------------------------|-----------------|---------------------------|-------------------|------------------------|
| Elementary      |                            |                 | 5 6 7 8                   | ___ yes<br>___ no |                        |
| High School     |                            |                 | 9 10 11 12                | ___ yes<br>___ no |                        |
| College         |                            |                 | 1 2 3 4                   | ___ yes<br>___ no |                        |
| College         |                            |                 |                           | ___ yes<br>___ no |                        |
| Other (Specify) |                            |                 |                           | ___ yes<br>___ no |                        |

## EMPLOYMENT EXPERIENCE

| Employer, Address   | Date Started                      | To                             | Work performed |
|---------------------|-----------------------------------|--------------------------------|----------------|
|                     |                                   |                                |                |
| Job Title:          |                                   |                                |                |
| Supervisor:         |                                   |                                |                |
| Reason for leaving: | Hourly<br>Rate/Salary<br>Starting | Hourly<br>Rate/Salary<br>Final |                |
| Employer, Address   | Date Started                      | To                             | Work performed |
|                     |                                   |                                |                |
| Job Title:          |                                   |                                |                |
| Supervisor:         |                                   |                                |                |
| Reason for leaving: | Hourly<br>Rate/Salary<br>Starting | Hourly<br>Rate/Salary<br>Final |                |
| Employer, Address   | Date Started                      | To                             | Work performed |
|                     |                                   |                                |                |
| Job Title:          |                                   |                                |                |
| Supervisor:         |                                   |                                |                |
| Reason for leaving: | Hourly<br>Rate/Salary<br>Starting | Hourly<br>Rate/Salary<br>Final |                |

| Employer, Address   | Date Started                   | To                          | Work performed |
|---------------------|--------------------------------|-----------------------------|----------------|
|                     |                                |                             |                |
| Job Title:          |                                |                             |                |
| Supervisor:         |                                |                             |                |
| Reason for leaving: | Hourly Rate/Salary<br>Starting | Hourly Rate/Salary<br>Final |                |

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

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. |

### ADDITIONAL INFORMATION

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

#### 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 Town of Fort Cobb to investigate any information included in the 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 town and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand that if employed, false or misleading statements given in this application or interview may result in discharge. I understand that I am required to abide by all rules and regulations of the Town of Fort Cobb.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date