

CITY OF ELK CITY EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY/AFFIRMATION ACTION EMPLOYER

The City of Elk 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 the selection process, please inform the receptionist.

Position desired:		
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Date of Application:	Date Available to Work:	
<hr/>		
Are you available to work: Full Time _____ Part Time _____ Shifts _____ Weekends _____ Nights _____		
If part time, what hours and days: _____		
Social Security No.:		
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Last name:	First:	Middle:
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Street Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Business Phone:
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:		
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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).		
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Do you hold a current and valid driver's license? _____ Yes _____ No What State? _____		
If so give type/class, expiration date, and number:		
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(If tentatively selected, applicants applying for position where driving is required you will be required to furnish a copy at their expense of their driving record prior to employment).		
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Has your license ever been revoked or suspended in the last 5 years? _____ Yes _____ No		
If so, give year and reason:		
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(A non-acceptable driving record may include more than 2 moving violations within the past three years; more than one at-fault accident in the past three years, or an DWI or DUI or reckless driving [alcohol or drug related] within the last five years.)		
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Are you related to any City employee or any member of the City Commission? Yes No
 If so, give name, department, and relationship:

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 information 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 essential job functions, the parties will explore these alternatives. REMEMBER: The City conducts 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	Circle Last Year Completed	Did you Graduate?	List Diploma or Degree
Elementary			5 6 7 8	Yes	
				No	
High			1 2 3 4	Yes	
				No	
College			1 2 3 4	Yes	
				No	
Other (Specify)			1 2 3 4	Yes	
				No	

EMPLOYMENT EXPERIENCE

1. Employer & Address	Date Started	To	Work Performed
Job Title:	Hourly Rate/Salary Started	Hourly/Rate/Salary Final	
Supervisor:			
Reason for leaving:			
2. Employer & Address	Date Started	To	Work Performed
Job Title:	Hourly Rate/Salary Started	Hourly/Rate/Salary Final	
Supervisor:			
Reason for leaving:			
3. Employer & Address	Date Started	To	Work Performed
Job Title:	Hourly Rate/Salary Started	Hourly/Rate/Salary Final	
Supervisor:			
Reason for leaving:			

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

Give name, address, and telephone number of three reference who are **not** related to you and are **not** previous employers:

Name:	Address:	Telephone:
Name:	Address:	Telephone:
Name:	Address:	Telephone:

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 the facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the City of Elk City 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 City 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(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the City of Elk City.

Signature of Applicant: _____ Date: _____

For Office Use Only: This section to be completed by interviewer before application is returned to Human Resources/City Manager.

Arrange Interview: Yes No

Remarks: _____

Reference Checked: Yes No

Remarks: _____

Ready to schedule pre-employment physical: Yes No

Other Comments: _____