

## APPLICATION FOR EMPLOYMENT

City of Guthrie P.O. Box 908 Guthrie, Oklahoma 73044

The City does not discriminate on the basis of race, color, religion, sex, national origin, age, martial 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 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.

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Position desired:		Date of Ap	plication:			
Referred by (if applicable):		Date availa	ble for work:			
Are you available to work:	☐ full time	□ part time	□ shifts			
(If part time, what hours a	☐ weekends nd davs:	□ nights				
Social Security No.:	V					
Last Name:	First:		Middle:			
Street Address:			Home Phone:			
City:	State:	Zip	<b>Business Phone:</b>			
If you are under 18 years of	· •	• •	gibility			
to work:	□ No	☐ Not Applicable				
Have you ever worked for the leaving:	his City: ☐ Yes	□ No If yes, gi	ve prior name, dates, and reason for			
Are you legally eligible to work in the United States: $\Box$ Yes $\Box$ No (Verification will be required upon employment and failure to furnish documentation will be cause for separation.)						
Do you hold a current and v date and number)	valid Oklahoma Dri	iver's License?	Yes □ No (if so give expiration			
<b>Type:</b> □ <b>General Operator</b>	s   Commercial	☐ Chauffeurs				
List any endorsements speci			ing:			
(If tentatively selected, applicant their expense, of their driving rec			nired will be required to furnish a copy, at			
Has your license been revok reason:	ted or suspended in	the last 5 years?	☐ Yes ☐ No If yes, give year and			
			within the past 3 years; more than one at ol or drug related) within the last 5 years.)			
Are you related to any City  If so give name departmen		•	Council?   Yes   No			

## EMPLOYMENT EXPERIENCE List Most Recent First

1. Employer Name			
& Address	Date Started	Date Ended	Work Performed
Job Title:	Starting Salary/Rate	Final Salary/Rate	Reason for Leaving
2. Employer Name & Address	Data Stantad	Data Endad	Work Dorformed
Address	Date Started	Date Ended	Work Performed
Job Title:	Starting Salary/Rate	Final Salary Rate	Reason for Leaving
3. Employer Name &			
Address	Date Started	Date Ended	Work Performed
Job Title:	Starting Salary/Rate	Final Salary/Rate	Reason for Leaving

## 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.

Have you been convicted of a felony in the le commission of a felony? ☐ Yes ☐ No If you	ast 7 years or are you currently charged with the es, state what, when and how:
(Note this information does not in itself disqualify you for employed)	yment.)
Military Service – Branch:	Date Entered:
Date and type of discharge:	
Indicate specific military experience or training	that is job related:

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with or without re The City is concer for reasonable ac and conducting reasonable accom	easonable according to the commodation. In the commodation in the commodation to the comm	mmodation?  ability to perfo If after review rviews or test	☐ Your to wing s, you	es he jo you	□ N ob ar	0	• ,		
for reasonable ac and conducting reasonable accom	commodation. necessary inte imodation to	If after reviews or test	wing s, yo	you		nd wi	11 a4 a4 4hia 4i		
REMEMBER: you can do the ess	-	-	pre-e	ial j empl	re co ob f oym	plica onsid funct ent e	tion form, verify lered for the jo ions, the partie xam, which wil	ying your responses ob and would need s will explore these l determine whether	
experience, and an	ny relevant tra s to perform tl	iining or certifi 1e job. Be as s	cates pecifi	and	lice:	nses sible	that would indic since you will be	rior education, work cate your knowledge c considered on what	
		EDUCAT	ION	AL	REC	COR	RD		
School	Name and Address of School	Course of Study		Circle Last Year Completed		Did you Graduate?	List Diploma Or Degree		
Elementary	School	Study	5	6	7	8	☐ Yes ☐ No	Of Degree	
High			1	2	3	4	☐ Yes ☐ No		
College			1	2	3	4	<ul> <li>☐ Yes</li> <li>☐ No</li> </ul>		
Other (Specify)			1	2	3	4	<ul><li>☐ Yes</li><li>☐ No</li></ul>		
<u></u>									
		REI	ER	EN(	CES				
Give Name, addr	ess and telepho	one number of	three	refe	renc	ces w	ho are not relate	d to you.	
Name			Address				Phone		

## APPLICANT'S STATEMENT

I certify that answers given herein are tr	ue and complete to the best	of my knowledge.
I authorize investigation of all statement necessary in arriving at an employment		ation for employment as may be
This application for employment shall be Any applicant wishing to be considered whether or not applications are being ac	for employment beyond this	· · · · · · · · · · · · · · · · · · ·
I hereby acknowledge that any employmeans that the Employee may resign at time with or without cause. It is further be changed by any written document or in writing by an authorized executive of	any time and the Employer runderstood this "at will" ends to by conduct unless such characteristics.	r may discharge Employee at any employment relationship may not
In the event of employment, I under application or interview(s) may result in all rules and regulations of the employer	discharge. I understand, al	•
	Signature of Applicant	Date
I agree to submit to a pre-employment a screen. I hereby release the City and in inquiry relative to information contained a contract for employment.	ts agents from all liability	in making any investigation and
Signature of Applicant	D	ate

APPLICANT CHARACTERISTIC	
SURVEY FORM	

The following requested information is **VOLUNTARY** and in no way affects you as an individual applicant or your application for examination. This information will be used for federal reporting and research purposes only to find out how effective our recruitment efforts are in reaching all segments of the population and in providing equal employment opportunity.

**INSTRUCTIONS**: Please fill in your Social Security Number in the spaces provided below. Circle the correct number in each question below. Place your numbered answer to each question in the space indicated by the arrow. Return this form with our application for employment.

Social	Security	Numb	er///					
	A.		sex are you?					
		1. 2.	Male Female					
	В.	Of the 1. 2. 3.	e following, which racial/ethn Hispanic American Indian Asian/Pacific Islander	ic group do	you cor 4. 5.	nsider yourself a membe Black White	er of?	
	C.	How	did you learn about a position	with the Ci	ty?			
		1.	Friend	3.	City I	Employee	5.	Other
		2	Employment Agency	4	•	naper or periodical		

**PLEASE RETURN THIS FORM** to the Human Resources Department, P.O. Box 908, Guthrie, Oklahoma 73044, with the application for employment.