APPLICATION FOR EMPLOYMENT

CITY OF DEL CITY 3701 S.E. 15th STREET DEL CITY, OK 73115

(An Equal Opportunity/Affirmative Action Employer)

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status, or any other legally protected status.

<u>**Print</u>** or <u>type</u> answers to each question <u>clearly and completely.</u> All questions must be answered and no employment contract is being offered at this time. The City may change wages, benefits and conditions of employment at any time.</u>

Last Name	First	Middle	Date	
Street Address			Home Phone	
			()	
City, State, Zip			Business Phone	
			()	
Position Desired:			SS#:	
Ano you available to work f	all time? Part time? _	Shiften	Pay expected:	
Weekends? Nigh		Shints {	—	
If not, what hours can you w				
			Will you work	
If you are under 18 years of	age, can you provide proof of	eligibility to work?	overtime if asked?	
	and a superior the Linite of Stat		When will you be available to work?	
	employment in the United State upon employment and failure to fu			
separation.)				
•	alid Oklahoma Operator or Co		? If yes, give type, expiration	
If tentatively selected, applicants applying for positions where driving is required will be required to furnish a copy, at their expense, of their driving record prior to employment.				
•	ed or suspended within the las	•		
	ord may include more than 2 movi		t 3 years; more than one at-fault accident	

Are you related to any City employee or any member of the City Council? Yes If so, give name, department and relationship:	No
Have you been convicted of a felony in the last 7 years or are you currently charged with the c YesNo. If yes, state what, when and how:	
Military Service – Branch: Date enter Date and type of discharge: Indicate specific military experience or training that is job related:	

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, verifying 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 perform essential functions of the job without substantial risk to yourself and/or the public.

Please provide information regarding prior education, work experience, relevant training and/or certificates/licenses that indicate your knowledge, skills and abilities to perform the job you are seeking.

EDUCATIONAL RECORD

School	Name & Location of School	Course of Study	Check Last Year Completed		Did You Graduate	List Diploma/Degree		
Elementary			5	6	7	8	Yes No	
High School			9	10	11	12	Yes No	
College			1	2	3	4	Yes No	
Other (Specify)			1	2	3	4	Yes No	

EMPLOYMENT EXPERIENCE

Employer/Address	Date Started	То	Work Performed
Job Title:	Hourly Rate/Monthly Salary:	Hourly Rate/Monthly Salary:	
Reason for leaving:			
Employer/Address	Date Started	То	Work Performed
Job Title:	Hourly Rate/Monthly Salary:	Hourly Rate/Monthly Salary:	
Reason for leaving:			
Employer/Address	Date Started	То	Work Performed
Job Title:	Hourly Rate/Monthly Salary:	Hourly Rate/Monthly Salary:	
Reason for leaving:			
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Employer/Address	Date Started	То	Work Performed
Job Title:	Hourly Rate/Monthly Salary:	Hourly Rate/Monthly Salary:	
Reason for leaving:			
Employer/Address	Date Started	То	Work Performed
Job Title:	Hourly Rate/Monthly Salary:	Hourly Rate/Monthly Salary:	
Reason for leaving:			

REFERENCES

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

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

ADDITIONAL INFORMATION

If you have additional information and/or comments concerning voluntary experience, special licenses, or training which would help in determining 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 authorize the City to investigate any information included in the application and agree to submit to medical examination if required. I understand this application is not a contract of employment and hereby release the City and its agents from all liability in making investigation and inquiry relative to information contained in the application form. I understand, if employed, false or misleading statements given in this application or interview(s) may result in discharge. I understand I am required to abide by all rules and regulations of the City.