

# APPLICATION FOR EMPLOYMENT

CITY OF DEL CITY  
3701 SE 15<sup>TH</sup> 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.***

**Print** or **type** answers to each question **clearly and completely**. 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.

Last Name	First	Middle	Date
Street Address		Home Phone (   )	
City, State, Zip		Business Phone (   )	
Position Desired:		SS#:	
Are you available to work full time? _____ Part time? _____ Shifts? _____ Weekends? _____ Nights? _____ If not, what hours can you work?		Pay expected:	
If you are under 18 years of age, can you provide proof of eligibility to work? _____		Will you work overtime if asked?	
Are you legally eligible for employment in the United States? _____ <i>(Verification will be required upon employment and failure to furnish documentation will be cause for separation.)</i>		When will you be available to work?	
Do you hold a current and valid Oklahoma Operator or Commercial Driver License? _____ If yes, give type, expiration date and number: _____			
<i>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.</i>			
Has your license been revoked or suspended within the last 5 years? _____ Yes _____ No If yes, give year and reason: _____			
<i>(A non-acceptable driving record may include more than 2 moving violations within the past 3 years; more than one at-fault accident in the past 3 years; DWI/DUI; or reckless driving (alcohol/drug-related) within the last 5 years.)</i>			

Are you related to any City employee or any member of the City Council? \_\_\_\_\_ Yes \_\_\_\_\_ No  
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 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: \_\_\_\_\_

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

<b>Employer/Address</b>	<b>Date Started</b>	<b>To</b>	<b>Work Performed</b>
<i>Job Title:</i>	<i>Hourly Rate/Monthly Salary:</i>	<i>Hourly Rate/Monthly Salary:</i>	
<i>Reason for leaving:</i>			
<b>Employer/Address</b>	<b>Date Started</b>	<b>To</b>	<b>Work Performed</b>
<i>Job Title:</i>	<i>Hourly Rate/Monthly Salary:</i>	<i>Hourly Rate/Monthly Salary:</i>	
<i>Reason for leaving:</i>			
<b>Employer/Address</b>	<b>Date Started</b>	<b>To</b>	<b>Work Performed</b>
<i>Job Title:</i>	<i>Hourly Rate/Monthly Salary:</i>	<i>Hourly Rate/Monthly Salary:</i>	
<i>Reason for leaving:</i>			
<b>Employer/Address</b>	<b>Date Started</b>	<b>To</b>	<b>Work Performed</b>
<i>Job Title:</i>	<i>Hourly Rate/Monthly Salary:</i>	<i>Hourly Rate/Monthly Salary:</i>	
<i>Reason for leaving:</i>			

## 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.

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Signature of Applicant

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Date