CITY OF WATONGA APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. Today's Date Job Applied for employment? When could you start work? Are you seeking: Full-time Part-time Temporary Last Name First Name Middle Name Telephone Number Citv State Present Street Address Zip Code Are you 18 years of age or older? Yes 🗌 No (If you are hired, you may be required to submit proof of age.) If hired, can you furnish proof you are eligible to work in the U.S.? Yes No Are you a Registered Sex Offender under the laws of the State of Oklahoma, any other State or with the Federal Government or a Tribal Have you ever been addicted to or used on a regular basis any illegal drugs? Yes Government? Yes No No If yes, when? Have you ever applied here before? Yes No Were you ever employed here? Yes No If yes, when? Have you ever been convicted of, or pled guilty to any crime, Including any plea of "no contest." (Exclude minor traffic violations and exclude convictions that have been sealed, expunded or legally eradicated or misdemeanors for which probation was completed and the case was dismissed by the Court. Yes No 🗌 If yes, give details (A conviction will not necessarily disqualify an applicant for employment.) If employed, do you expect to be engaged in any additional business or employment outside of our job?..... Yes No 🗌 If yes, give details For Driving Jobs Only: Do you have a valid driver's license?..... Yes No 🗌 Driver's License Number Class of License State Licensed In Have you had your driver's license suspended or revoked in the last 3 years?..... Yes No If yes, give details: List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) Number of Diploma/ Subjects LIST NAME AND ADDRESS OF SCHOOLS Degree/ Years Studied Completed Certificate High School or GED: College or University: Vocational or Technical: What skills or additional training do you have that relate to the job for which you are applying? What machines or equipment can you operate that relate to the job for which you are applying?

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time			
including military service and any periods of unemployment. if self-employed, give firm name and supply business			
references. Note: A job offer may be contingent upon acceptable references from current and former employers.			

NAME OF EMPLOYER		JOB TITLE AND DUTIES		
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	то	
CITY, STATE, ZIP CODE		PAY: START \$ FINA	L\$	
SUPERVISOR(S)	TELEPHONE	Reason For Leaving		
NAME OF EMPLOYER		JOB TITLE AND DUTIES		
ADDRESS DATES OF EMPLOYMEN		DATES OF EMPLOYMENT (MO/YR): FROM	то	
CITY, STATE, ZIP CODE		PAY: START \$ FINA	L\$	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING		
NAME OF EMPLOYER		JOB TITLE AND DUTIES		
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	то	
CITY, STATE, ZIP CODE		PAY: START \$ FINA	L\$	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING		
NAME OF EMPLOYER		JOB TITLE AND DUTIES		
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	то	
CITY, STATE, ZIP CODE		PAY: START \$ FINA	L \$	

Name	Address	Phone	
live three references, not relatives or former	employers.		
If yes, please explain:			
lave you ever been fired from a job or asked	to resign?	Yes 🗌	No 🗌
If yes, whom do you suggest we con	tact?		
Are you presently employed?		Yes 🗌	No 🗌
If yes, give names:			
lave you worked or attended school under an	y other names?	Yes	No 📋

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY DEFINITE PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYEE. IF EMPLOYEE. IF EMPLOYEE. IF EMPLOYEE AND WHAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYEE AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature:

This application for employment will remain active for a limited time. Ask the organization's representative for details.

Date:

AUTHORITY FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name
Place of Birth (City/County)		State/County

I, ______, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the **City of Watonga** whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, including records of deposits, withdrawls and balances of checking and savings accounts and loans, and also the records of commercial or retain credit agencies (including credit reports and/or ratings); public utility companies, *employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me*, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate, and emphasize that the intent of this authorization is *to provide full and free access* to the background and history of my personal life, for the specific purpose of pursing a background investigation which may provide pertinent data for the **City of Watonga** to consider determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the **City of Watonga**. I understand that all materials pertaining to this background investigation become the property of the **City of Watonga**, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the even my application is disapproved, *the sources of confidential information cannot be revealed to me*.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Witness;

Applicant's Signature		
Street Address		
City	State	Zip Code

Date;_____

CITY OF WATONGA

CONSENT AND RELEASE OF INFORMATION

The undersigned voluntarily consents and agrees to submit to tests which may include a urine test for controlled substances, and/or evidential breath or blood alcohol test by doctors or other qualified persons.

The results of any such examination and tests may be released to the City of Watonga, Oklahoma, or any of its authorized agents, representatives or employees. I hereby release all physicians, medical facilities, testing facilities, clinics and the City of Watonga, Oklahoma and their employees, agents and representatives from any and all liability arising from the release and use of the information discovered in the results of any test, and decision regarding my employment or prospective employment with the City of Watonga, Oklahoma.

Name	Date	
Witness	Date	