

CITY OF ALTUS EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The City of Altus 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 in the selection process, please inform the receptionist.

Position desired	Date of application	
Date available to work		
Are you available to work <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> shifts		
<input type="checkbox"/> weekends <input type="checkbox"/> nights		
(If part time, what hours and days: _____)		
Social Security No.		
Last name	First	Middle
Street Address		Home phone
City, State, Zip		Business phone
If you are under 18 years of age, can you provide proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked for this City? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give prior name, dates and reason for leaving:		
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Verification will be required upon employment, and failure to furnish documentation will be cause for separation.</i>)		
Do you hold a current and valid Oklahoma drivers license? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, give type/class, expiration date, and number.		
<small>(If tentatively selected, applicants applying for position where driving is required, will be required to furnish a copy, at their expense, of their driving record prior to employment.)</small>		
Has your license ever been revoked or suspended in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, give year and reason: _____)		
<small>(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 any DWI or DUI or reckless driving [alcohol or drug related] within the last five years.)</small>		
Are you related to any City employee or any member of the City Council? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state what, when and how:		
<small>(Note: this information does not in itself disqualify you for employment.)</small>		

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	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
High							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
College							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	

EMPLOYMENT EXPERIENCE

1. Employer, Address	Date Started	To	Work Performed
Job Title:	Hourly <u>Rate/Salary</u> Starting	Hourly <u>Rate/Salary</u> Final	
Supervisor:			
Reason for leaving:			
2. Employer, Address	Date Started	To	Work Performed
Job Title:	Hourly <u>Rate/Salary</u> Starting	Hourly <u>Rate/Salary</u> Final	
Supervisor:			
Reason for leaving:			
3. Employer, Address	Date Started	To	Work Performed
Job Title:	Hourly <u>Rate/Salary</u> Starting	Hourly <u>Rate/Salary</u> Final	
Supervisor:			
Reason for leaving:			
4. Employer, Address	Date Started	To	Work Performed
Job Title:	Hourly <u>Rate/Salary</u> Starting	Hourly <u>Rate/Salary</u> 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 references who are not related to you and are not previous employers:

Name:	Address:	Telephone No.
Name:	Address:	Telephone No.
Name:	Address:	Telephone No.

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 Altus 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 Altus.

Signature of Applicant

Date

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

Arrange Interview: ___ Yes ___ No Remarks: _____

References checked: ___ Yes ___ No Remarks: _____

Ready to schedule pre-employment physical: ___ Yes ___ No

Other Comments: _____

ALL BLANKS MUST BE FILLED AND THIS FORM RETURNED WITH COMPLETED APPLICATION IN ORDER TO BE CONSIDERED FOR ANY POSITION.

ACKNOWLEDGMENT

I, _____, an employee of the City of Altus, hereby certify that I have received a copy of this city's policy regarding the maintenance of a Drug Free and Alcohol Free workplace. I realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance to include alcohol is prohibited on this city's premises and a violation of this policy can subject me to discipline up to and including termination. I realize that as a condition of employment I must abide by the terms of this policy.

AUTHORIZATION FOR TESTING

I, _____. hereby give my voluntary consent for City of Altus, and other persons or entities acting for or with them, (1) to collect blood and/ or urine samples from me and to test for the presence of alcohol, drugs, and controlled substances.

AUTHORIZATION FOR RELEASE AND USE OF TESTING INFORMATION

I, _____, hereby authorize a Medical Facility that has performed any testing on me to release to the City of Altus Personnel Director all results of the alcohol, drug, and/or controlled substance tests performed on me. I further authorize the city of Altus, and its management to use this information for any purpose, including--but not limited to--evaluating whether or not to terminate my employment. The City of Altus Personnel Director is authorized to communicate this information at any time to the Mayor.

This authorization ends when as a result of testing information I am eliminated from consideration for employment or I am no longer an employee of the City of Altus.

I understand that I have a right to receive a copy of this authorization.

Date

Signature of Employee