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| For Internal Use Only | Hire Date: | ROP: | Location: |
|-----------------------|------------|------|-----------|

CITY OF MUSKOGEE

Application for Employment

The City of Muskogee does not discriminate on the basis of race, color, creed, genetic information, ethnicity, religion, age, sex, marital status, political affiliation, national origin, ancestry or disability.

| APPLICANT INFORMATION (Please Print Clearly) | | | | |
|---|-------|------|-------------------|----------------|
| Last Name | First | M.I. | Social Security # | |
| Street Address | | | | Apartment/Unit |
| City | State | Zip | Phone(s) | |
| Previous Address | | | | |

| Applications are only accepted for vacant positions and applications must be received by deadline to be considered for such vacancy | |
|---|------------------|
| Position Applied for (must be specified): | Desired Salary |
| How did you hear about this vacancy: | |
| Do you have a valid Oklahoma driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> | License Number: |
| License Type: CDL-Class A <input type="checkbox"/> CDL-Class B <input type="checkbox"/> Operator-Class D <input type="checkbox"/> | Expiration Date: |
| Are you eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(verification will be required upon employment and failure to furnish documents will be cause for separation)</small> | |
| Fulltime Applicants-are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Summer/Temporary Applicants-are you at least 16 years old? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Police Officer Applicants-are you at least 21 years old? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Firefighter Applicants-are you at least 21 years old? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | |
|---|-----------------------------------|
| Have you worked for the City before? Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, when and what department? |
| List any friends or relatives working for the City: | |
| If hired, when would you be able to start? | |

Person to Notify in Case of an Accident or Emergency

| | |
|---------|----------|
| Name | Phone(s) |
| Address | |

NOTICE

It is the policy of the City of Muskogee that pre-employment physicals will include a drug screen. A positive finding will preclude your employment with the City. If a positive finding is the result of a prescription drug prescribed to you by your physician, your employment with the City will not be effected.

Signature of Applicant

Date

EMPLOYMENT HISTORY (list below beginning with the most recent, all present and past employers)

| | | | |
|------------------|--------------------|------------------|--|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |

| | | | |
|---|----|--------------------|--|
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| | | | |
|------------------|--------------------|------------------|--|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |

| | | | |
|---|----|--------------------|--|
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| | | | |
|------------------|--------------------|------------------|--|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |

| | | | |
|---|----|--------------------|--|
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| | | | |
|------------------|--------------------|------------------|--|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |

| | | | |
|---|----|--------------------|--|
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| PERSONAL REFERENCES (not Former Employers or Relatives) | |
|--|-------|
| Name & Occupation 1. | Phone |
| 2. | |
| 3. | |

| MILITARY SERVICE | |
|--|---|
| Branch | From To |
| Are you a member of the Reserves or National Guard? YES <input type="checkbox"/> NO <input type="checkbox"/> | Did you receive an Honorable or General Discharge? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Type of training and work experience received while in the service | |

PROOF OF HIGH SCHOOL DIPLOMA/GED OR COLLEGE DEGREE IS REQUIRED FOR CONSIDERATION OF EMPLOYMENT

| EDUCATION AND TRAINING | | | | |
|---|-------------------|------------------------------|------------------|-------|
| Did you graduate from high school? YES <input type="checkbox"/> NO <input type="checkbox"/> | | High School Name & Location: | | |
| Do you have a GED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| College or University Name: | Major: | Minor: | Degree Earned: | Year: |
| Location: | From: To: | | Hours Completed: | |
| College or University Name: | Major: | Minor: | Degree Earned: | Year: |
| Location: | From: To: | | Hours Completed: | |
| Business, Vocational or Technical School: | Location: | | | |
| Type of Course Work: | Did you Complete? | | If yes, when? | |

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with the City will be based on your merit and ability.

Agreement Read Carefully before signing

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading statements/answers will disqualify me from employment consideration.

The background information supplied by an applicant for an open position will be checked. This check will cover the accuracy of the data furnished and the past performance record of the candidate. I hereby authorize the City of Muskogee to investigate all statements contained in this application and verify the facts claimed by me on this application. I understand that such information is confidential, and the City cannot reveal the reason for rejection.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City.

I further understand and agree that my employment with the City of Muskogee does not constitute any employment contract and that I may resign my position and voluntarily leave employment, or my employment may be terminated at any time for any reason.

I hereby grant permission to the City of Muskogee to investigate and verify any of the information included in this application, and I agree to submit to a drug test and medical examination as required and understand that all job offers are contingent upon the results of such tests.

Signature of Applicant

Date



City Of Muskogee
Human Resources Department

Authority to Release Information

To Whom It May Concern:

I hereby authorize any representative of the City of Muskogee, Human Resources Department, bearing this release, or a photocopy thereof, within one year of its date, to obtain any information from your files pertaining to my employment records including, but not limited to, salary, work experience, education, attendance, employment history and disciplinary records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the express use of the City of Muskogee, Human Resources Department.

I hereby release you as the custodian of such records and, any school, college or university or other educational institution, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me because of compliance with this authorization and request to release information, or any attempt to comply with it.

A fax, scan or copy of this authority to release will be as valid as the original. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature of Applicant

Date

Typed or Printed Name: _____

Current Address: _____

City/State/Zip: _____

Phone Number(s): _____