

EMPLOYMENT EXPERIENCE
List Most Recent First

1. Employer Name & Address	Date Started	Date Ended	Work Performed
Job Title:	Starting Salary/Rate	Final Salary/Rate	Reason for Leaving
2. Employer Name & Address	Date Started	Date Ended	Work Performed
Job Title:	Starting Salary/Rate	Final Salary Rate	Reason for Leaving
3. Employer Name & Address	Date Started	Date Ended	Work Performed
Job Title:	Starting Salary/Rate	Final Salary/Rate	Reason for Leaving

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.

<p>Have you 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:</p>	
<p><small>(Note this information does not in itself disqualify you for employment.)</small></p>	
<p>Military Service – Branch:</p>	<p>Date Entered:</p>
<p>Date and type of discharge:</p>	<p>Indicate specific military experience or training that is job related:</p>

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 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 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 considered 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	Circle 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	

REFERENCES

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

Name	Address	Phone

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with the City is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City.

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 employer.

Signature of Applicant

Date

I agree to submit to a pre-employment medical examination, which will include a drug and alcohol screen. I hereby release the City and its agents from all liability in making any investigation and inquiry relative to information contained in this application. I understand that this application is not a contract for employment.

Signature of Applicant

Date

APPLICANT CHARACTERISTIC
SURVEY FORM

The following requested information is **VOLUNTARY** and in no way affects you as an individual applicant or your application for examination. This information will be used for federal reporting and research purposes only to find out how effective our recruitment efforts are in reaching all segments of the population and in providing equal employment opportunity.

INSTRUCTIONS: Please fill in your Social Security Number in the spaces provided below. Circle the correct number in each question below. Place your numbered answer to each question in the space indicated by the arrow. Return this form with our application for employment.

Social Security Number _____/_____/_____

- ___ A. What sex are you?
1. Male
 2. Female

- ___ B. Of the following, which racial/ethnic group do you consider yourself a member of?
- | | |
|---------------------------|----------|
| 1. Hispanic | 4. Black |
| 2. American Indian | 5. White |
| 3. Asian/Pacific Islander | |

- ___ C. How did you learn about a position with the City?
- | | | |
|----------------------|----------------------------|----------|
| 1. Friend | 3. City Employee | 5. Other |
| 2. Employment Agency | 4. Newspaper or periodical | |

PLEASE RETURN THIS FORM to the Human Resources Department, P.O. Box 908, Guthrie, Oklahoma 73044, with the application for employment.