

Application for Employment City of Durant, Oklahoma

An Equal Opportunity/Affirmative Action Employer

The City of Durant does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, handicapped 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 of Durant 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 for work:	
Are you available to work: (If part-time, what hours and days _____)	
_____ full-time	_____ part-time _____ shifts _____ weekends _____ nights
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? ___Yes ___No	
Have you ever worked for the City of Durant? ___Yes ___No	
If yes, give prior name, dates and reason for leaving:	
Are you legally eligible to work in the United States? ___Yes ___No (Verification will be required upon employment and failure to furnish document will be cause for separation.)	
Do you hold a current and valid Oklahoma operator's or commercial chauffeurs driver's license (with endorsements specific to the equipment you will be operating)? ___Yes ___No	
If so, give type, expiration date, and number: (If tentatively selected, applicants applying for position where driving is required shall furnish a copy, at their expense, of their driving record prior to employment.)	
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:	

REASONABLE ACCOMMODATION

After reviewing the essential job functions from the attached job description, are you able to do them with reasonable accommodation? _____ Yes _____ No

The City of Durant 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 of Durant conducts an 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 certificated 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	Circle Last Year Completed	Did you Graduate?	List Diploma or Degree
Elementary			5 6 7 8		
High School			1 2 3 4		
College			1 2 3 4		
Other (specify)			1 2 3 4		

ADDITIONAL INFORMATION

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

EMPLOYMENT EXPERIENCE

1.

Employer	Date Started	To	Work Performed
Address			
Telephone Number(s)	Rate of Pay Beginning	Rate of Pay Final	
Job Title			
Supervisor			
Reason for Leaving			

2.

Employer	Date Started	To	Work Performed
Address			
Telephone Number(s)	Rate of Pay Beginning	Rate of Pay Final	
Job Title			
Supervisor			
Reason for Leaving			

3.

Employer	Date Started	To	Work Performed
Address			
Telephone Number(s)	Rate of Pay Beginning	Rate of Pay Final	
Job Title			
Supervisor			
Reason for Leaving			

4.

Employer	Date Started	To	Work Performed
Address			
Telephone Number(s)	Rate of Pay Beginning	Rate of Pay Final	
Job Title			
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

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

Name:	Address:	Telephone #:
Name:	Address:	Telephone #:
Name:	Address:	Telephone #:

ADDITIONAL INFORMATION

If you have any information or comments concerning any voluntary experience, an special licenses or training which would help us determine your suitability for this position, please use the space below or an extra sheet of paper if necessary. All attachments must be signed.

Read Carefully Before Signing

Applicant’s Agreement and Certification

I understand and agree that if I am asked to work overtime and am eligible for overtime compensation under the provisions of the Fair Labor Standards Act, this compensation will be in the form of one and one-half hours compensatory time for each hour of overtime worked.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I understand that all applications are on a **6 month** probation and employment can be terminated during that time at the option of the City. I also understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and Employer may discharge Employee at any time with or without cause. It is further understood that 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 this organization.

I understand that all Applications will be kept on file with the City for a period of one (1) year.

Date _____ Applicant’s Signature _____