

CITY OF CHICKASHA, OKLAHOMA

117 N 4th St. Chickasha, OK 73018
405-222-6020 FAX: 222-6029

EMPLOYMENT APPLICATION

We are pleased that you are interested in a position with the City of Chickasha. We are an equal opportunity employer, and no question on this application is intended to secure information to be used for discriminatory purposes. This form is a part of the examination process. Before completing this application, please read the minimum qualifications for the job in which you are interested. You cannot be considered for the position unless you meet these requirements. Answer all questions completely and accurately, and notify us promptly of any change of address.

IDENTIFYING INFORMATION

SECTION 1

(Please print or type, in blue or black ink)

Position Applied for: _____ Date Available: _____

Name: _____ Social Security No: _____

Last First M. I. (See SECTION 9)

Address: _____ Telephone No. _____ Home

Street Apt# _____ Cell

City State Zip _____

To facilitate reference checks please indicate any other name under which you have been employed: _____

EDUCATION

SECTION 2

Circle highest grade completed: 6 7 8 9 10 11 12 GED College: 1 2 3 4 5 6 PLUS

Name and Location of School	Course of Study	Yrs Completed	Degree
Graduate _____	_____	_____	_____
College _____	_____	_____	_____
Business/Trade/ Technical _____	_____	_____	_____
High School/GED _____	_____	_____	_____

Have you received any additional training – workshops, short courses, volunteer work, etc? _____

SKILLS

SECTION 3

Please list specific skills you have that are related to the job for which you are applying, (i.e. office equipment, computer skills, typing speed, software used, machinery used, etc.):

EXPERIENCE

SECTION 4

Start at the top with your most recent experience and work backward. Experience may be paid or unpaid, full-time or military. Describe all of your work experience thoroughly, indicate how it relates to the position you are applying for. Include MONTH and YEAR of your beginning and ending dates of employment or experience. Failure to provide complete information may result in disqualification of your application.

1) **Employer Name:** _____ Telephone: (_____) _____
Address: _____ **Employed From:** _____ to _____
Job Title: _____ **Supervisor's Name** _____
Starting Salary: _____ **Final Salary:** _____ **Hours per week:** _____
Duties: _____

Reason For Leaving: _____

2) **Employer Name:** _____ Telephone: (_____) _____
Address: _____ **Employed From:** _____ to _____
Job Title: _____ **Supervisor's Name** _____
Starting Salary: _____ **Final Salary:** _____ **Hours per week:** _____
Duties: _____

Reason For Leaving: _____

3) **Employer Name:** _____ Telephone: (_____) _____
Address: _____ **Employed From:** _____ to _____
Job Title: _____ **Supervisor's Name** _____
Starting Salary: _____ **Final Salary:** _____ **Hours per week:** _____
Duties: _____

Reason For Leaving: _____

4) **Employer Name:** _____ Telephone: (_____) _____
Address: _____ **Employed From:** _____ to _____
Job Title: _____ **Supervisor's Name** _____
Starting Salary: _____ **Final Salary:** _____ **Hours per week:** _____
Duties: _____

Reason For Leaving: _____

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.

Do Not Contact employer No(s): _____ Reason(s): _____

MILITARY

SECTION 5

Have you ever served on active duty in the U.S. Armed Forces? Yes No

Branch: _____ Dates of Service: _____

Describe any training received relevant to the position for which you are applying: _____

PERSONAL DATA

SECTION 6

YES NO

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?

Can you perform these essential functions with or without reasonable accommodations?

If hired, can you show proof of authorization to work in the United States?

Have you ever been employed by the City of Chickasha?

Do you have any relatives currently employed by the City of Chickasha or seated on the City Council?(If yes , please list their names)

Have you ever been convicted of a felony? If yes, list date, place, offense and fine (or sentence) for each in the space below. (Conviction will not necessarily disqualify an applicant from employment consideration).

For positions requiring driving a vehicle, do you have a valid Oklahoma driver's license?

DL Number _____ Class/CDL: _____ Endorsements: _____ Expiration Date: _____ / _____ / _____

Are you over 18 years old?

Are you aware of the policy of the City regarding drug and alcohol in the work place?

Explanatory remarks: (Please indicate item numbers to which answers apply): _____

REFERENCES (DO NOT INCLUDE FORMER EMPLOYERS OR RELATIVES)

SECTION 7

Name and Occupation	Address	Telephone
		Home: () - Bus: () -
		Home: () - Bus: () -
		Home: () - Bus: () -

ADDITIONAL INFORMATION

SECTION 8

Occasionally the format of an employment application makes it difficult for an applicant to adequately summarize his/her complete background. Use the space below to provide any additional information necessary to describe your complete qualifications for the position applied for.



Summary of Your Rights Under the Fair Credit Reporting Act

The City of Chickasha may wish to obtain a “consumer report” from a “consumer reporting agency” when considering your application for employment.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on the employment history, relevant criminal record or general qualification for employment relative to the position for which the applicant is being considered. On limited finance related positions, a consumer’s credit worthiness or credit standing report will be collected. This information is collected for serving as a factor in establishing the individual’s eligibility for employment purposes.

The terms “consumer”, “consumer reporting agency” and “consumer report” are defined in the Fair Credit Reporting Act (FCRA), which applies to you. Under the FCRA, you are a “consumer”.

A “consumer reporting agency” is a person or business unit that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers to furnish “consumer reports” to others.

If the City of Chickasha obtains a “consumer report” about you, and if it considers any information in the report when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” and a summary of your rights under the FCRA “Release and Authorization” page. You also may contact the Federal Trade Commission about your rights under FCRA.

Before the City of Chickasha can obtain a “consumer report” about you, you must give your consent in writing. After you have read this page completely, please turn to the next page, which allows you to give your consent.



AUTHORIZATION TO OBTAIN A CONSUMER REPORT

By signing below, I _____ DOB: _____, acknowledge that I have read the attached document, entitled "Fair Credit Reporting Act Disclosure". I hereby voluntarily authorize the City of Chickasha, to obtain a "consumer report" about me from a "consumer reporting agency", which may include information about my credit worthiness, credit standing and credit capacity. I also authorize the City of Chickasha to consider the report when making decisions regarding my employment at the City of Chickasha. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed in the attached "Fair Credit Reporting Act Disclosure".

I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.

Signature of the Applicant

Date

By signing above, you acknowledge that you received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act", on following page.

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