



City of Chickasha, OK – Employment Application

117 North 4th Street Chickasha, OK 73018
(405)-222-6020

Position Applied for:

CONTACT INFORMATION

Full Legal Name:	
Cell Phone:	Home Phone:
Current Street Address:	
City, State:	ZIP Code:
E-mail address:	

EDUCATION

Circle the highest grade completed: 6 7 8 9 10 11 12 GED		College: 1 2 3 4 5 6 PLUS
Did you graduate from High School? <input type="checkbox"/> No <input type="checkbox"/> Yes		Did you graduate from College? <input type="checkbox"/> No <input type="checkbox"/> Yes
Name and Location of School	Course of Study	Years Completed and Degree
Undergraduate		
Undergraduate		
Graduate		
Other		
Business/Trade		

How did you hear about this Job? Chickasha.org Indeed City Staff Volunteer Other:

BACKGROUND

Are you currently employed by the City of Chickasha, OK in any capacity? (Including P/T, seasonal contract) <input type="checkbox"/> No <input type="checkbox"/> Yes			
Have you ever been employed by the City of Chickasha, OK? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Are you related to any City of Chickasha employee or seated on the City Council? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list name and relation below:			
Have you ever volunteered with the City of Chickasha? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please list department and dates below:			
Have you ever been convicted of any criminal offense, pleaded guilty or nolo contendere, or been found guilty of a criminal offense, even though adjudication was withheld or sentence was suspended? <input type="checkbox"/> No <input type="checkbox"/> Yes – If Yes, please give the following information:			
DATE	CHARGE	LOCATION (CITY, STATE)	CURRENT STATUS



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Are criminal charges currently pending against you? Yes No –If yes, please supply details:

Do you have a valid Oklahoma driver’s license?s No Yes
 Are you over 18 years old? No Yes
 Are you aware of the policy of the City regarding drug and alcohol in the work place? No Yes

WORK EXPERIENCE- List most recent first

(1) Employer/Company:		Address:			
Supervisor:	Phone:	START DATE		END DATE	
Your Job Title:		MONTH	YEAR	MONTH	YEAR
Duties:					
		<input type="checkbox"/> I am currently employed here			
(2) Employer/Company:		Address:			
Supervisor:	Phone:	START DATE		END DATE	
Your Job Title:		MONTH	YEAR	MONTH	YEAR
Duties:					
		Provide reason for leaving:			
Please list any special experience, knowledge or skills you have, that may be helpful to the City (i.e. fluency in another language, computer programming, etc.):					
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):					



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MILITARY

Have you ever served on active duty in the U.S. Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes
Branch:
Dates of Service:
Describe any training received relevant to the position for which you are applying:

REFERENCES – Please list two professional references other than family members

1 st Reference Name:	Phone number:
How do they know you?	How many years have they known you?
2 nd Reference Name:	Phone number:
How do they know you?	How many years have they known you?

Thank you for your interest!
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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 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

First, Middle, Last names:	
SS:	Gender:
Race:	Date of Birth:

By signing below, I _____, 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 the following page.

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