

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**

[1] 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? YES NO

[2] Can you perform these essential functions with or without reasonable accommodations? YES NO

[3] If hired, can you show proof of authorization to work in the United States? YES NO

[4] Are you currently employed by the City of McAlester? YES NO

[5] Have you ever been employed by the City of McAlester? YES NO

[6] Do you have any relatives currently employed by the City of McAlester? (If yes, please list names and Departments below) YES NO

[7] 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) YES NO

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

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

[9] Are you over 18 years old? YES NO

[10] Are you aware of the policy of the City regarding drug and alcohol in the work place? YES NO

[11] Are you aware of the policy of the City regarding smoking in the work place? YES NO

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.

AFFIDAVIT

SECTION 9

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

CERTIFICATION: I certify that the information set forth in my employment application is true and complete to the best of my knowledge. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge from employment at any time. I understand that it is my responsibility to include with my application copies of verification of any education, license, or certification requirements for the position for which I have applied. I understand that final approval of employment depends upon satisfactory completion of a background check and a post-offer of employment physical examination by the City, including a drug/alcohol screen. Any illegal substance, controlled or otherwise, which shows in my drug/alcohol screen results will result in my immediate disqualification from employment with the City. I further understand that if I am hired by the City of McAlester, the Immigration Reform and Control Act of 1986 requires that I provide certain information, including date of birth, country of origin, and statement of employment eligibility. In addition, I understand that I will be required to provide documents establishing my identity and authorization to work in the United States.

STATEMENT OF APPLICANT: I authorize my former employers and character references to release any information regarding my employment. I hereby authorize the City of McAlester to make any investigation of my background as is deemed necessary to verify my qualifications for the position for which I am applying.

Applicants Signature: _____ Date: _____
(Unsigned application will not be processed)

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 of McAlester will be based only on merit. All qualified persons will receive consideration without regard to race, color, religion, sex, age, national origin, marital status or disability.

THE CITY OF McALESTER IS AN EQUAL OPPORTUNITY EMPLOYER/ADA