

MILITARY SERVICE:

Did you serve in the U.S. Military? Yes No

Branch of Service: _____

Date Entered: _____

Date Ended and Time in Service: _____

Type of Discharge: Honorable Other

Indicate specific military experience or training that is job related:

NOTE: A copy of Form DD 214 must be attached.

LICENSE/CERTIFICATIONS:

PLEASE LIST BELOW ANY JOB-RELATED LICENSES OR CERTIFICATES YOU POSSESS:

_____ License or Certification# _____

_____ License or Certification # _____

_____ License or Certification # _____

NOTE: If you are applying for a position that requires college graduation OR high school/GED, this application is not complete without a transcript. If you are applying for a position that requires a license or certification, a copy must be attached before returning the application to Personnel.

Do you possess a valid Oklahoma drivers license? Yes No

If no, what state? _____

Drivers License Number: _____ Expiration Date: _____

NOTE: If the position for which you are applying requires you to drive a City vehicle, you must obtain and attach a copy of your driving record (obtained from the Department of Public Safety, N.E. 36th Street and Martin Luther King Blvd, in order for application to be complete.

COMMERCIAL CHAUFFEURS LICENSE: CLASS _____ ENDORSEMENT _____

WORK EXPERIENCES: (Continued)

FROM:	NAME & ADDRESS OF EMPLOYER:
_____	_____

TO:	JOB TITLE: _____
_____	DESCRIBE WORK: _____

Last Salary:	Name & Title of Immediate Supervisor & Phone #:
_____	_____
month or year	Reason for Leaving: _____

FROM:	NAME & ADDRESS OF EMPLOYER:
_____	_____

TO:	JOB TITLE: _____
_____	DESCRIBE WORK: _____

Last Salary:	Name & Title of Immediate Supervisor & Phone #:
_____	_____
month or year	Reason for Leaving: _____

ADDITIONAL INFORMATION

IF YOU HAVE ADDITIONAL INFORMATION OR COMMENTS WHICH YOU FEEL WILL HELP DETERMINE YOUR SUITABILITY FOR THIS POSITION, PLEASE USE AN EXTRA SHEET IF NECESSARY.

Applicant must initial each statement below, then sign and date at the bottom.

_____ I understand that before I can be hired by the City of Choctaw, I must provide proof of my identity and employment eligibility, by Homeland Security and I9 guidelines.

_____ **At Will:** I understand that if hired by the City of Choctaw, my employment will be “at will of both parties” without stated terms or conditions and that the employment can be terminated by myself or by the City of Choctaw at any time, with or without cause or prior notice of either party.

_____ **Accuracy of Information:** I have reviewed each page to make sure all parts are correct and complete. I understand that my eligibility will be based on the information contained on this application. I, further, understand that this application will remain on file with the City of Choctaw for one year from the date it was accepted and after that date it will be destroyed unless I am hired by the City of Choctaw. If you wish to reapply for employment a new application must be filled out after six months.

_____ **Falsification of Information:** I hereby certify that all statements made on this application are true and correct to the best of my knowledge and I understand that an offer of employment is conditional upon a successful background check. I further understand that any false or misrepresentation of information made by me on this application or documents submitted to the City of Choctaw could cause me to be ineligible for employment or terminated from employment.

_____ I understand and affirm that nothing contained in this application, conveyed during any interview, conversation, or correspondence is intended to create an employment agreement or contract with the City of Choctaw. I understand and agree that no promises regarding employment can be made to me except by the City Manager, and I understand that no such promise or guarantee is binding upon the City of Choctaw unless made in writing.

_____ **Post-Offer Drug Test:** I understand and affirm that no offer of employment can be made until I have completed and passed a pre-employment drug test, satisfied a successful background review and that I may be required to submit to a medical examination at any time deemed appropriate by the City of Choctaw.

_____ I understand and affirm that completing this application does not indicate there is a position open within the City and does not obligate the City of Choctaw to hire. If hired, I agree to abide by all City of Choctaw policies, rules and procedures along with Departmental rules and procedures. The City of Choctaw retains the right to review its policies, rules and procedures, in whole or in part, at any time.

_____ **Verification of Employment:** I authorize the City of Choctaw or its agents to investigate and verify the facts claimed by me on this application. I understand that credit bureaus, government and law enforcement agencies may be contacted in order to fully investigate and verify the information provided by me in this application. I hereby release the City of Choctaw and all of those employers, references, academic institutions, credit bureaus, and government and law enforcement agencies from any liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the City of Choctaw.

I hereby acknowledge that I have read, understand, and agree with the preceding statements.

APPLICANT'S SIGNATURE

DATE

This authorization and consent shall be valid in original, fax or copied form.

Voluntary Affirmative Action Information

It is the policy of the City of Choctaw to provide equal employment to all qualified applicants and Employees regardless of race, religion, color, sex, age, national origin, marital status, disability, special disabled veteran, Vietnam era veteran, or other eligible veteran status.

Your completion of the information below is entirely voluntary. This information is requested solely to enable the City of Choctaw to meet record keeping and affirmative action requirements under Executive Order 11246, as amended, Section 402 of Vietnam Era Veterans' Readjustment Assistance Act of 1974, Section 503 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act. The information will be kept in strictest confidence. Return this form along with the Employment Application. This information will not become a part of your personnel file, if hired. Inclusion or exclusion of any of the data will not affect any employment decision.

Name (please print): _____

Gender (check one): Male Female

Race/Ethnic Group (check one):

- White: (not of Hispanic origin) A person with origins in any of the original peoples of Europe, North Africa, or the Middle East who is not of Hispanic origin.
- Black: (not of Hispanic origin) A person with origins in any of the black racial groups of Africa who is also not of Hispanic origin.
- Hispanic: A person of Mexican, Puerto Rican, Cuban, South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander: A person with origins in any of the original people of the Far East, southeast Asia, the Indian subcontinent or the Pacific Islands, including China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native: A person with origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Special Disabled Veteran: Yes No

A person entitled to disability compensation for a disability rates at 30 percent or more, or rated 100 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious employment handicap, or a person whose discharge or release from active duty was for disability incurred or aggravated in the line of duty.

Veteran of the Vietnam Era: Yes No

A person who (a) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with anything other than a dishonorable discharge, or (b) was discharged or released from active duty because of a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Disabled Individual: Yes No

A person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

Other Eligible Veteran: Yes No

Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

PERSONAL INQUIRY WAIVER

AUTHORITY FOR RELEASE OF INFORMATION

I respectfully request and authorize you to furnish the City of Choctaw any and all information that you may have concerning me, my work record, my reputation, my financial, my medical and credit status. Please include any and all medical, physical, and mental records or reports including all information of a confidential or privilege nature, and photostats of same of requested. This information is to be used to assist the City of Choctaw in determining my qualifications and fitness for the positions I am seeking.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

A photocopy of this release form will be valid as an original.

APPLICANT'S SIGNATURE

DATE

BACKGROUND INVESTIGATION

CONFIDENTIAL INFORMATION AGREEMENT FORM

I, the undersigned, do hereby understand that a thorough investigation will be conducted to determine my qualifications for the position of _____ with the City of Choctaw.

Further, that to a great extent, my employment will depend on information obtained in confidential interviews with persons whom I have associated. Therefore, I understand that such information is confidential, and the City cannot reveal the reason of non-selection to the applicants or any other perspective employer who are not accepted.

I HAVE READ AND FULLY UNDERSTAND THE FOREGOING STATEMENT.

APPLICANT'S SIGNATURE

DATE