

Do you have a valid Driver's License? Yes No If yes, is this a CDL? Yes

Do you have the ability to perform the essential job-related functions of the job applied for?

Yes No If no, please describe what reasonable accommodations would enable you to perform those duties: _____

EDUCATION:	Name of School	Location	Major/Degree
High School			
College			
Business/Trade			
Professional School			

SPECIAL SKILLS AND QUALIFICATIONS: Please summarize any special skills or qualifications that are relevant to the position for which you are applying. Include any equipment, office machines, and licenses _____

WORK EXPERIENCE: Please list your work experience for the past five years beginning with your most recent job held. Attach additional sheets if necessary.

Name and Address of Employer:	Supervisor's Name:	Employment Dates:	Pay or Salary:
		From:	Start:
		To:	Final:
	Your last job title:		
Phone Number:			
Reason for leaving:			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while working for this company:			

Name and Address of Employer:	Supervisor's Name:	Employment Dates:	Pay or Salary:
		From:	Start:
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		From:	Start:
		To:	Final:
	Your last job title:		
Phone Number:			
Reason for leaving:			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while working for this company:			

REFERENCES: Please list at least three references who are familiar with your background and not related to you.

Name & Address:	Phone Number:	Occupation:	Years Known:
Name & Address:	Phone Number:	Occupation:	Years Known:
Name & Address:	Phone Number:	Occupation:	Years Known:

APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge or refusal of employment.

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this County deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation of salary, wages, or employment related benefit (not required by law).

Applicant's Signature

Date

Completing and returning of this application to Wagoner County does not guarantee employment or constitute an offer of employment.

Application will remain active for one (1) year from date of application. Please notify Human Resources in writing if you wish to be considered beyond that period.