

Last Name:

## APPLICATION FOR EMPLOYMENT

## **Human Resources**

723 S. Lewis St. | PO Box 1449 | Stillwater, OK 74076 Fax: 405.377.6807 | Phone: 405.742.8281 | Job Line: 405.742.8300

Email: applications@stillwaterok.gov

M.I.:

Social Security No.:

## An Equal Opportunity / Affirmative Action Employer

The City of Stillwater does not discriminate against any person on the basis of age, race, religion, color, sex, disability, national origin, ancestry, sexual orientation, gender identity, or familial status with regard to access to city employment, city services and city facilities.

First Name:

Address:		'	City:		State:	Zip Code:		
Primary Phone #: Secon		Secondary Phone #:	: Email:					
Maiden or other names unde	r which re	ecords may be listed:						
Position Number: Position Desired:			Are you presently employed by the City of Stillwater?					
			Yes		No	No		
Have you ever been employed by the City of Stillwater?			If so, where and when?					
Yes		No						
How did you learn about the	job for wh	nich you are applying	?					
Are you 18 years of age or older?			Do you have a legal right to live and work in the U.S.?					
Yes		No		Yes	No	)		
Do you have a current driver's license?			Do you have a CDL?					
Yes	Yes No			Yes	No	)		
License Number:			State:	Class:	Expiration Date:			
Have you ever been convicted legally eradicated, or misdem	eanors fo	r which probation wa	_			. •		
Yes		No	1	, , , , , ,	\2			
If so, when (year)?			And where (county/state)?					
Nature of conviction:								
(Note: This information does not	in itself dis	qualify you from emplo	yment.)					

Review the minimum qualifications for the position you are applying for and provide us with prior education, work experience, any relevant training, certificates, licenses and voluntary experience that would indicate your knowledge, skills, and abilities to perform the job. Be as specific as possible since you will be screened on what you include regardless of what you might otherwise be able to perform. All attachments must be signed.

Name of School	City/State	Areas of Study	Did you graduate?	Type of Degree
High School			☐ Yes	
			☐ No	
GED			☐ Yes	
			☐ No	
College			☐ Yes	
			□ No	-
			Yes	
			□ No	-
			Yes	
			□ No	-
Please list any relatives who are	elected officials or current e	mployees of the City of Sti	illwater:	
Experience must be completed place of completing the require necessary, all attachments must	ed information. Please inclu			
Company Name & Address:		Dates Employed	Salary	
	9	Starting Date:	Starting Sal	ary:
		Ending Date:	Ending Sala	ry:
Job Title:	S	upervisor's Name & Phone #	:	
Reason for leaving:				
Description of work performed:				
Description of Work performed.				

Company Name & Address:	Dates Employed	Salary			
	Starting Date:	Starting Salary:			
	Ending Date:	Ending Salary:			
Job Title:	Supervisor's Name & Phone #:				
Reason for leaving:					
-					
Description of work performed:					
Company Name & Address:	Dates Employed	Salary			
	Starting Date:	Starting Salary:			
	Ending Date:	Ending Salary:			
Job Title:	Supervisor's Name & Phone #:	, , , , , , , , , , , , , , , , , , ,			
Reason for leaving:					
Description of work performed:					
Company Name & Address:	Dates Employed	Salary			
	Starting Date:	Starting Salary:			
	Ending Date:	Ending Salary:			
Job Title:	Supervisor's Name & Phone #:				
Reason for leaving:					
Description of work performed:					
Description of work performed.					
Company Name & Address:	Dates Employed	Salary			
	Starting Date:	Starting Salary:			
	Ending Date:	Ending Salary:			
b Title: Supervisor's Name & Phone #:					
Reason for leaving:					
Description of work parformed					
Description of work performed:					
Were you ever discharged or asked to resign from any position? May we contact your present and previous employers?					
Yes No	Yes No				
If we may not, please indicate reason:					

interviews or tests, I am considered for the job and would need reasonable accommodation to perform the essential job functions, the parties will explore these alternatives.				
After reviewing the essential job functions, are you able to do them with or without reasonable accommodation?				
Yes	☐ No			
Are you a registered sex off ment or a tribal governmen	ender under the laws of the state of Oklahoma, any other state, or with	the federal govern-		
Yes	□ No			
sentence, probation or parc any crime or attempted crir	ne Mary Rippy Violent Crime Offenders Act, or subject to a deferred judgo ole from any court of another state, the United States, a tribal court or a one which, if committed in the state of Oklahoma, would be a crime sim shoma Statutes §593 B (If a question of those crimes, please review a co on your request.).	military court for ilar to any crime		
Yes	☐ No			
I certify that my answers are true and complete to the best of my knowledge. I hereby grant permission to the City of Stillwater to investigate any information included in the application, any attachments, and the selection process. I agree to submit to medical examination, if required, and a pre-employment drug test. I understand this application is not a contract of employment. The City of Stillwater may change wages, benefits, and conditions of employment at any time. I hereby release the City and its agents from all liability in making any investigation and inquiry relative to the information contained in this application form. I release my employers, schools, or persons from liability in responding to inquiries in connection with my application.				
If this application leads to e view(s) may result in discha	employment, I understand that false or misleading information in my ap orge.	oplication or inter-		
I further understand that I am required to abide by all ruled and regulations of the City of Stillwater. I understand that employment with the City of Stillwater is "at will," which means that either I or the City can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor or manager of the City, other than the City Manager or City Commission has any authority to alter the foregoing. The City of Stillwater performs post-offer, pre-employment drug testing, driver license verification, background and criminal history checks.				
Signature of Applicant:		Date:		

I understand that the City may conduct a medical exam to determine whether I can do the essential functions of the job without substantial risk to myself and the public. If after reviewing my responses, and conducting necessary



## **Equal Employment Opportunity Form**

Applicant Information						
Last Name:	First Name:		M	.l.:	Social Security No.:	
Address:		City:		State	: Zip Code:	
Position Applied for:						
	<b>Voluntary</b> l	Information				
The City of Stillwater adheres to federal laws. This information is not be used in any way to discrin accurate information. This information.	sought in good fai ninate against any	ith, will be used applicant for e	d for statisti employmen	ical pu t. Plea	urposes, and will ase provide	
Racial or Ethnic Group  American Indian/Alaskan	Asian/Pacific	Islander	☐ Blacl	<th>an American</th>	an American	
Hispanic/Latino	White/Cauca	sian	Othe	er		
Gender						
Female	Male					
Military Veteran						
Pre-Vietnam Era	Vietnam Era					
Post-Vietnam Era	Disabled Vete	eran				
How did you hear about this position?	Please specify which v	vebsite, if applica	ble.			