

CITY OF WATONGA APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

Last Name _____ First Name _____ Middle Name _____ Telephone Number _____

Present Street Address _____ City _____ State _____ Zip Code _____

Are you 18 years of age or older? Yes No

(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Are you a Registered Sex Offender under the laws of the State of Oklahoma, any other State or with the Federal Government or a Tribal Government? Yes No Have you ever been addicted to or used on a regular basis any illegal drugs? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of, or pled guilty to any crime, including any plea of "no contest." (Exclude minor traffic violations and exclude convictions that have been sealed, expunged or legally eradicated or misdemeanors for which probation was completed and the case was dismissed by the Court. Yes No

If yes, give details _____
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No

If yes, give details _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

LIST NAME AND ADDRESS OF SCHOOLS

Number of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
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High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying? _____

What machines or equipment can you operate that relate to the job for which you are applying? _____

Are you related to any City Employee or to any City Council Member by blood or marriage? Yes No

If yes, please give their name and relationship.

AUTHORITY FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name
Place of Birth (City/County)		State/County

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the **City of Watonga** whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of commercial or retain credit agencies (including credit reports and/or ratings); public utility companies, *employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me*, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate, and emphasize that the intent of this authorization is *to provide full and free access* to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the **City of Watonga** to consider determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the **City of Watonga**. I understand that all materials pertaining to this background investigation become the property of the **City of Watonga**, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the even my application is disapproved, *the sources of confidential information cannot be revealed to me*.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Witness;

Date; _____

Applicant's Signature		
Street Address		
City	State	Zip Code

CITY OF WATONGA

CONSENT AND RELEASE OF INFORMATION

The undersigned voluntarily consents and agrees to submit to tests which may include a urine test for controlled substances, and/or evidential breath or blood alcohol test by doctors or other qualified persons.

The results of any such examination and tests may be released to the City of Watonga, Oklahoma, or any of its authorized agents, representatives or employees. I hereby release all physicians, medical facilities, testing facilities, clinics and the City of Watonga, Oklahoma and their employees, agents and representatives from any and all liability arising from the release and use of the information discovered in the results of any test, and decision regarding my employment or prospective employment with the City of Watonga, Oklahoma.

Name

Date

Witness

Date