



# CITY OF NICHOLS HILLS

Founded 1929

6407 Avondale Drive □ Nichols Hills, Oklahoma 73116 □ TEL (405) 843-6637 FAX (405) 842-8409

## EMPLOYMENT APPLICATION

|  |                              |
|--|------------------------------|
| An incomplete application may delay action or disqualify you. Please type or use ballpoint pen in completing this application. | <b>Position Applied For:</b> |
|--|------------------------------|

### PERSONAL

|  |   |   |
|--|---|---|
| <b>Name: Last</b>  | <b>First</b>  | <b>M.I.</b>   |
| <b>Street Address:</b>   | <b>Home Phone:</b>  |   |
| <b>City:</b>   | <b>Daytime Phone:</b>   |   |
| <b>State:</b>  | <b>Zip:</b>   |   |
| <i>Have you resided at the above address at least 3 years? If no, give all prior addresses below.</i>  |   |   |
| <b>Prior Addresses:</b>  | <b>Driver's License Number/State Expiration Date:</b><br><i>(if driving is an essential job function)</i> | <b>If under 18 years of age, can you furnish a work permit?</b><br>( ) YES ( ) NO |
| Have you ever applied for employment with the City? ( ) YES ( ) NO<br>If yes: Month & Year _____ Department _____                              |   |   |
| Are you Available for Full-Time Employment? ( ) YES ( ) NO<br>If not, what hours or schedule can you work?                                     |   |   |
| You may need to work overtime. Will such a requirement create a problem for you? ( ) YES ( ) NO  |   |   |
| Are you legally eligible for employment in the United States? ( ) YES ( ) NO<br>If no, why? Reason:  |   |   |
| Do you have relations working for the City? If yes, give name and department.  |   |   |
| Have you ever worked for, or are you acquainted with other City employees? ( ) YES ( ) NO<br>If yes, please identify:<br>Name(s)/Department(s) |   |   |

### EDUCATION

| TYPE OF SCHOOL            | SCHOOL AND LOCATION | MAJOR COURSES | CREDIT HOURS EARNED | YEARS ATTENDED | DEGREE RECEIVED |
|---------------------------|---------------------|---------------|---------------------|----------------|-----------------|
| High School or GED        |                     |               |                     |                |                 |
| Business or Technical     |                     |               |                     |                |                 |
| Undergraduate Studies     |                     |               |                     |                |                 |
| Graduate Studies          |                     |               |                     |                |                 |
| Other Courses or Training |                     |               |                     |                |                 |

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? (See job description.) ( ) YES ( ) NO

Describe your skills, knowledge and abilities that qualify you for this position:

|  |
|--|
|  |
|  |
|  |

List Licenses or Certificates (Professional or trade licenses which are required for this position)

|  |
|--|
|  |
|  |
|  |

Have you been convicted of a criminal offense or released from jail within the past ten (10) years? (an affirmative answer will not automatically disqualify you from being considered for employment)  
( ) YES ( ) NO If yes, list below:

| Name of Court   | City and State | Date of Conviction |
|-----------------|----------------|--------------------|
|                 |                |                    |
|                 |                |                    |
| <b>Details:</b> |                |                    |

## WORK HISTORY

Beginning with your present or most recent employment, list your work experience history for the last 10 years. Attach additional sheets as necessary. COMPLETE THE FOLLOWING SECTIONS EVEN IF YOU ARE SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION. AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU.

**In evaluating your application, we may contact the employers listed below, unless you indicate those you do not want us to contact and state a reason. List additional employers on separate sheet**

|   |  |                  |
|---|--|------------------|
| Employer's Name:  | From   | To               |
| Address:  | Supervisor:  |                  |
| Phone:  | Hours worked per week:                                       | Starting Salary: |
| Position Title:   | Ending Salary:   |                  |
| Primary Duties:   | Number of employees supervised by you:                       |                  |
| Reason for leaving (if still employed, indicate reason for wanting to leave): | May we contact your employer?<br>If no, please state reason. |                  |

|                     |  |                  |
|---------------------|--|------------------|
| Employer's Name:    | From   | To               |
| Address:            | Supervisor:  |                  |
| Phone:              | Hours worked per week:                                       | Starting Salary: |
| Position Title:     | Ending Salary:   |                  |
| Primary Duties:     | Number of employees supervised by you:                       |                  |
| Reason for leaving: | May we contact your employer?<br>If no, please state reason. |                  |

|                     |  |                  |
|---------------------|--|------------------|
| Employer's Name:    | From   | To               |
| Address:            | Supervisor:  |                  |
| Phone:              | Hours worked per week:                                       | Starting Salary: |
| Position Title:     | Ending Salary:   |                  |
| Primary Duties:     | Number of employees supervised by you:                       |                  |
| Reason for leaving: | May we contact your employer?<br>If no, please state reason. |                  |

|                     |  |                  |
|---------------------|--|------------------|
| Employer's Name:    | From   | To               |
| Address:            | Supervisor:  |                  |
| Phone:              | Hours worked per week:                                       | Starting Salary: |
| Position Title:     | Ending Salary:   |                  |
| Primary Duties:     | Number of employees supervised by you:                       |                  |
| Reason for leaving: | May we contact your employer?<br>If no, please state reason. |                  |

|                     |   |                  |
|---------------------|---|------------------|
| Employer's Name:    | From  | To               |
| Address:            | Supervisor:   |                  |
| Phone:              | Hours worked per week:  | Starting Salary: |
| Position Title:     | Ending Salary:  |                  |
| Primary Duties:     | Number of employees supervised by you:                        |                  |
| Reason for leaving: | May we contact your employer ?<br>If no, please state reason. |                  |

|                     |  |                  |
|---------------------|--|------------------|
| Employer's Name:    | From   | To               |
| Address:            | Supervisor:  |                  |
| Phone:              | Hours worked per week:                                       | Starting Salary: |
| Position Title:     | Ending Salary:   |                  |
| Primary Duties:     | Number of employees supervised by you:                       |                  |
| Reason for leaving: | May we contact your employer?<br>If no, please state reason. |                  |

Have you been known by a different name by any of the above employers, or education institutions attended? ( ) YES ( ) NO  
If Yes, please identify the employer and state the name: \_\_\_\_\_

**PERSONAL REFFERENCES**

NAME: ADDRESS: CITY/STATE/ZIP: PHONE:

**DRIVERS RECORD REQUIREMENT**

For positions requiring a valid Oklahoma State Drivers License (see job posting), a current certified copy of your driving record is required and must be attached to the completed employment application. **Applications without the record will not be considered.** A driving record can be obtained from the Oklahoma Department of Public Safety Department (405-425-2262) or at any motor license agency through out the state.

**ACCOMMODATION**

If you need accommodation in order to complete or participate in the application or interview process because of an impairment or disability, please notify.

**DRUG POLICY**

It is the policy of this Employer to maintain a drug/alcohol free workplace. Employees who are observed in possession, using or under the influence of such substances (drugs/alcohol) will be terminated and may have criminal actions filed against them. The City also utilizes testing for drug and/or alcohol use or other violation of the City's policy prohibiting drug and alcohol use. Applicants for employment may be tested by the City for drug and/or alcohol use.

**EQUAL OPPORTUNITY STATEMENT**

Equal opportunity is the policy of this Employer and employment opportunities will NOT be limited because of race, color, religion, sex, age, disability, veteran's status or nationality and will be so applied. This Employer affirmatively seeks to employ and advance applicants in protected classes. Hiring, promotions, lay-offs, discipline, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. This Employer complies with the Americans with Disabilities Act (ADA) when requested to make an accommodation. You are to report violations to management or to the Personnel Officer.

**NO EMPLOYMENT CONTRACT**

I understand that if employed, I am employed AT WILL and that no contract between myself and this Employer is created by my completion of this application, my receiving employment, my continued employment or my receiving benefit of employment of any type. No promises of any form or nature have been made to me, no guarantee of any length of employment is, or shall be, binding on this Employer, unless in writing signed by the City Manager. I reserve the right to terminate my employment at any time for any reason, with or without cause and with or without notice, and the Employer has the same right at any time to terminate my employment for any reason, with or without cause and with or without notice.

**ACKNOWLEDGEMENT RE: CONDUCT AND DISPUTES**

I agree to physical or other testing when such testing is part of a drug/alcohol testing program or reasonably necessary in determining job-related abilities or reasonable expectation of successfully performing the job to the Employer's standards. I agree to abide by Employer's rules and policies including the prohibition against any form of sexual or other harassment of another employee, person or citizen. My signature certifies that I have read this application in detail and am in complete agreement with the contents, including the policy statements. I authorize you to withhold amounts owed to the Employer from my pay. \_\_\_\_\_(Initial)

**SIGNATURE AND ACKNOWLEDGEMENT**

I, the below-signed, make this application as an inducement to this Employer to evaluate my application and to employ me. I have read this completed application, including the Equal Opportunity Statement, and I certify that entries made by me are without omission and are a full, truthful account of my present and past activities. I authorize and give the right to this Employer to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. I understand that any false or misleading statement or entry on this form and other material I have provided will result in my immediate termination, if I am employed, or to disqualification from employment, if I am not yet employed when the false or misleading statement is discovered. I agree to prompt payroll deduction of overpayments made to me or amounts owed to the City of Nichols Hills, if I am employed by the City of Nichols Hills.

Date: \_\_\_\_\_

This is a legal document, read it carefully before signing.  
Signature: \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

Print Name of Applicant

Date:

I authorize any person, corporation, company, agency or other entity, whose name and address I provided in my application, or other materials I have provided to the City of Nichols Hills to release information to the City of Nichols Hills and its agents.

**AUTHORIZATION**

I, the above-named and the below-signed, do hereby authorize the receiving person, corporation, company or other entity to **FULLY AND COMPLETELY DISCLOSE** any and all facts regarding my employment, character, work habits, skills or other employment-related information requested by the City of Nichols Hills, or their agents, who possess this authorization.

**RELEASE**

In consideration for your valuable assistance to me, I, the above-named employee of \_\_\_\_\_, the below-signed, hereby **RELEASE AND HOLD HARMLESS** the recipient person, corporation, company or other entity receiving this release from any and all possible damages, direct or consequential, immediate or remote, of all forms or types, that I may sustain or allege to sustain by virtue of the recipient person, corporation, company or other entity from complying with my request to fully and completely comply with the investigation, inquiry or interests of this Employer to whom I have given and possesses this Authorization. I have given my consent to reproduce this release and such copy shall be considered to be the original for all purposes whether such copy be by photo reproduction or an electronically transmitted facsimile. By my signature, I release any and all parties from any and all liability for any and all statements, writings, conversations or communications of any form, with the City or its agents regarding my work history, performance, character, etc., or any entry on this application and other material I have provided.

If the City of Nichols Hills engages an investigative consumer reporting agency to report on my credit and personal history, I authorize the City of Nichols Hills to do so. If a report is obtained the City of Nichols hills must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report. I will sign a separate disclosure statement if the Employer uses a consumer report for employment purposes.

This is a legal document, read it carefully before signing.

Signature:

Witness's Signature:

Witness's Address: