

P.O. BOX 399, SKIATOOK, OK 74070

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including race, color, age, sex, religion, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date _____ Social Security Number _____

Name _____

Physical Address Last First Middle _____

Mailing Address Street City State Zip _____

Telephone No. _____ Cell Phone No. _____

Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Position _____ Date you can start: _____ Salary Desired: _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Ever applied to this company before? Yes No Where? _____ When? _____

EDUCATION

Name & Location of School	Years Completed	Did You Graduate?	Subjects studied and Degree Received
Grammar School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical, Trade or Business		Yes <input type="checkbox"/> No <input type="checkbox"/>	

GENERAL

Subjects of Special Study or Research Work: _____

Job Related Skills (typing, driver's license, etc.) _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime (except minor traffic violations)? Yes No

If yes, please give details: (A "YES" answer does not automatically disqualify you from employment. Factors such as date of the offense, seriousness of the offense, rehabilitation and position applied for will be taken into consideration.) _____

EMPLOYMENT HISTORY

List below your last four employers, starting with the most recent.

Date	Name and Address of Employer	Salary	Position	Reason for Leaving
Month and Year				
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES

List below three persons, not related to you, whom you have known at least one year.

Name	Address	Telephone No.	Years Acquainted

If you are to be hired by the Town, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Town.

I understand that any employment is conditioned on a background check. **I authorize the Town to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Town,** without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigations or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. **I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Town.** No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Town unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Town and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Town the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired, a condition of my employment will be that I abide by the Town's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Town to hire. If hired, I agree to abide by all Town work rules, policies and procedures. The Town retains the right to revise its policies or procedures, in whole or in part, at any time.

Date

Form A-1 Rev. 01/07

Signature

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