

CITY OF LINDSAY

APPLICATION FOR EMPLOYMENT

City of Lindsay Human Resources Department

PO Box 708

312 S Main

Lindsay, OK 73052

Phone: 405-756-2019

Fax: 405-756-8414

INSTRUCTIONS: Applicants must complete all the blanks accurately and completely.

PLEASE PRINT, NEATNESS AND LEGIBILITY ARE IMPORTANT.

In accordance with the Civil Rights Acts of 1964 and 1991, as amended, the Age Discrimination Employment Act, and the Americans with Disabilities Act, the City of Lindsay prohibits discrimination in employment because of race, color, sex, religion, national origin, age or disability.

The City of Lindsay is an Equal Opportunity Employer (M/F/H/V)

POSITION DESIRED			
APPLICANT INFORMATION			
Last Name	First Name	M.I.	Date
Street Address		Apt/Unit#	
City	State	ZIP	
Phone		Alternate Phone	
Social Security Number		E-mail Address	
Date Available			
How did you learn about this opportunity?			
Are you legally eligible to work in the U S? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever worked for the City of Lindsay? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?			
If Yes, please list the following:		Position	Reason for Leaving
Do you have any relatives, by blood or marriage, working for or holding office for the City of Lindsay? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give name and how related.			
Military Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable	Dates of Service
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain (convictions may not disqualify you)			
Have you ever been fired or asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain.			
Have you ever had your driver's license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain.			
Do you have a current Oklahoma driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, show type, number, and state of issue below (only if required for position)			
License Type:	CDL:	<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C	Operators: <input type="checkbox"/> Class D
License Number and State of Issue:			

LICENSES, CERTIFICATIONS, AND SKILLS		
Please list below any job related licenses, certifications and/or skills:		
Type	Number	Expiration Date
Type	Number	Expiration Date
Type	Number	Expiration Date
Job Related Skills:		
Machines and/or Equipment you can operate skillfully:		
Foreign Languages:		
EDUCATION		
CIRCLE YOUR HIGHEST EDUCATION LEVEL: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 +		
Do you have a High School Diploma or a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
High School	Address	
College	Address	
Hours Completed	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	Address	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	Address	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PREVIOUS EMPLOYMENT		
Start with your present or most recent job. Include military service. List your last five jobs or ten years of work experience. Explain any gaps in employment history. A resume does not substitute for this portion of the application.		
Company		Phone
Address		Supervisor
Job Title	Starting Wage \$	Ending Wage \$
Responsibilities		
Dates Employed From To		Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PREVIOUS EMPLOYMENT (continued)			
Company		Phone	
Address		Supervisor	
Job Title	Starting Wage \$		Ending Wage \$
Responsibilities			
Dates Employed From		To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company		Phone	
Address		Supervisor	
Job Title	Starting Wage \$		Ending Wage \$
Responsibilities			
Dates Employed From		To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company		Phone	
Address		Supervisor	
Job Title	Starting Wage \$		Ending Wage \$
Responsibilities			
Dates Employed From		To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company		Phone	
Address		Supervisor	
Job Title	Starting Wage \$		Ending Wage \$
Responsibilities			
Dates Employed From		To	Reason for Leaving
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

REFERENCES – List 3 references not related to you and not former employers.

Full Name	Relationship
Company	Phone
Address	

Full Name	Relationship
Company	Phone
Address	

Full Name	Relationship
Company	Phone
Address	

DISCLAIMER AND SIGNATURE

PLEASE READ CAREFULLY BEFORE SIGNING:

I understand that by filling out the City of Lindsay Employment Application I authorize the City of Lindsay to thoroughly investigate all statements contained in my application and resume, and I hereby state the information given by me is true and complete to the best of my knowledge. I understand that any false statement or misrepresentation on this application is sufficient cause for refusal to hire or dismissal if I have been employed.

I understand that the City of Lindsay conducts employment physical examinations and drug testing and all job offers are contingent upon the results of such tests.

I expressly request former employers and any persons who may have pertinent information concerning me to furnish such information to the City of Lindsay. I agree to hold such persons harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday or a work schedule that consists of days longer or shorter than eight hours a day. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I have read and understand the above.

Signature	Date
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