

CITY OF THE VILLAGE  
APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The City of The Village does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, handicapped status, or any other legally protected status.

Print or type answers to each question clearly and completely. All questions must be answered. This is an application for employment and no employment contract is being offered. The City of The Village may change wages, benefits, and conditions of employment at any time. If you need assistance in completing this application form or in participating in the selection process, please inform the receptionist.

|   |                          |         |
|---|--------------------------|---------|
| Date of application:  | Date available for work: |         |
| Position desired:   |                          |         |
| Are you available to work: Full Time: _____ Part Time: _____ Shifts: _____<br>Weekends: _____ Nights: _____   |                          |         |
| If part time what hours and days:   |                          |         |
| Social Security No:   | Home Phone No:           |         |
| Last Name:  | First:                   | Middle: |
| Street Address:   |                          |         |
| City, State, Zip:   | Work Phone if any:       |         |
| If you are under 18 years of age, can you provide proof of your eligibility to work? Yes _____ No _____   |                          |         |
| Have you ever worked for The City of The Village? Yes _____ No _____<br>If yes, give prior name, dates and reason for leaving:  |                          |         |
| Are you legally eligible to work in the United States? Yes _____ No _____<br>(Verification will be required upon employment, failure to provide documentation will be cause for separation.)  |                          |         |
| Do you hold a current and valid Oklahoma operator's or commercial chauffeurs driver's license (with endorsement specific to the equipment you will be operating)? Yes _____ No _____ If so, give type, expiration date, and number: |                          |         |
| Are you related to any City of The Village employee or any member of the City Council? Yes _____ No _____ If so, give name, department, and relationship:   |                          |         |
| Have you been convicted of a felony in the last 7 years? Yes _____ No _____ If yes, state what, when and how: (Note this information does not in itself disqualify you for employment):   |                          |         |

EMPLOYMENT EXPERIENCE

|                      |                                   |                                |                |
|----------------------|-----------------------------------|--------------------------------|----------------|
| 1. Employer, Address | Date Started                      | To                             | Work Performed |
|                      |                                   |                                |                |
| Job Title:           | Hourly<br>Rate/Salary<br>Starting | Hourly<br>Rate/Salary<br>Final |                |
|                      |                                   |                                |                |
| Supervisor:          |                                   |                                |                |
| Reason for leaving:  |                                   |                                |                |
| 2. Employer, Address | Date Started                      | To                             | Work Performed |
|                      |                                   |                                |                |
| Job Title:           | Hourly<br>Rate/Salary<br>Starting | Hourly<br>Rate/Salary<br>Final |                |
|                      |                                   |                                |                |
| Supervisor:          |                                   |                                |                |
| Reason for leaving:  |                                   |                                |                |
| 3. Employer, Address | Date Started                      | To                             | Work Performed |
|                      |                                   |                                |                |
| Job Title:           | Hourly<br>Rate/Salary<br>Starting | Hourly<br>Rate/Salary<br>Final |                |
|                      |                                   |                                |                |
| Supervisor:          |                                   |                                |                |
| Reason for leaving:  |                                   |                                |                |
| 4. Employer, Address | Date Started                      | To                             | Work Performed |
|                      |                                   |                                |                |
| Job Title:           | Hourly<br>Rate/Salary<br>Starting | Hourly<br>Rate/Salary<br>Final |                |
|                      |                                   |                                |                |
| Supervisor:          |                                   |                                |                |
| Reason for leaving:  |                                   |                                |                |

If you need additional space, please continue on a separate sheet of paper

Military Service: Branch

Date entered:

Indicate specific military experience of training that is job related:

After reviewing the essential job functions from the attached job description, are you able to do them with or without reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

The City of The Village is concerned with your ability to perform the job and will not at this time consider your need for reasonable accommodation. If after reviewing your application form, verifying your responses, and conducting necessary interviews or tests, you are considered for the job and would need reasonable accommodation to perform the essential job functions, the parties will explore these alternatives. REMEMBER: The City of The Village conducts a pre-employment exam which will determine whether you can do the essential functions of the job without substantial risk to yourself and the public.

In addition, review the attached minimum qualifications and provide us with prior education, work experience, and any relevant training or certificates and licenses 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.

EDUCATIONAL RECORD

| School          | Name and Address of School | Course of Study | Check Last Year Completed |   |   |   | Did You Graduate | List Diploma or Degree |
|-----------------|----------------------------|-----------------|---------------------------|---|---|---|------------------|------------------------|
|                 |                            |                 | 5                         | 6 | 7 | 8 |                  |                        |
| Elementary      |                            |                 |                           |   |   |   | ____ Yes         |                        |
|                 |                            |                 |                           |   |   |   | ____ No          |                        |
|                 |                            |                 |                           |   |   |   |                  |                        |
| High            |                            |                 |                           |   |   |   | ____ Yes         |                        |
|                 |                            |                 |                           |   |   |   | ____ No          |                        |
|                 |                            |                 |                           |   |   |   |                  |                        |
| College         |                            |                 |                           |   |   |   | ____ Yes         |                        |
|                 |                            |                 |                           |   |   |   | ____ No          |                        |
|                 |                            |                 |                           |   |   |   |                  |                        |
| Other (Specify) |                            |                 |                           |   |   |   | ____ Yes         |                        |
|                 |                            |                 |                           |   |   |   | ____ No          |                        |
|                 |                            |                 |                           |   |   |   |                  |                        |

Give name, address and telephone number of references who are not related to you and not previous employers.

|       |          |          |
|-------|----------|----------|
| Name: | Address: | Phone #: |
| Name: | Address: | Phone #: |
| Name: | Address: | Phone #: |

ADDITIONAL INFORMATION

If you have any additional information or comments concerning any voluntary experience, any special licenses or training which would help us determine your suitability for this position, please use the space provided below or an extra sheet of paper if necessary. All Attachments must be signed.

Read Carefully Before Signing

I certify that facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the City of The Village to investigate any information included in the application and I agree to submit to medical examination if required. I understand, that this application is not a contract of employment. I hereby release the City of The Village and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand, that if employed, false or misleading statements given in this application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of The City of The Village.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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