



City of
Antlers
Oklahoma

100 SE 2nd
Antlers, OK 74523
Phone: (580) 298-5635
Fax: (580) 298-2760
Email: cityofantlers2@gmail.com

Date of Application: _____

Position Applied For: _____

How Did You Learn About This Position? Web Site
 Walk-In Friend/Relative Employment Agency _____
 Advertisement _____ Other _____

PERSONAL INFORMATION

Name: _____
Last Middle First

Address: _____
Number/Street/Apartment City State Zip Code

Telephone: _____ Social Security No.: _____

If you are under 18, can you furnish a work permit? Yes No

Are you legally authorized to work in the United States? Yes No
(Proof of eligibility will be required upon employment)

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain: (A conviction will not necessarily disqualify you from employment.)

Have you ever been employed by the City of Antlers? Yes No

If yes, when: _____ Where: _____

Do you have any relatives employed by our company? Yes No

If yes, when: _____ Where: _____

AVAILABILITY

Date you are available to work: _____

Do you wish to work: Full-Time Part-Time Temporary

If temporary, specify dates available: _____

Please indicate hours you are available to work each day: (example 7am - 9pm)

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |

Wages desired: \$_____ per _____ Hours per week: _____

Can you travel if your job requires it? Yes No



PLEASE PRINT

| EDUCATION | | | | |
|-------------|-------------------|-----------------|---------|-------|
| | Name and Location | Years Completed | Degree? | Major |
| High School | | | | |
| College | | | | |
| Grad School | | | | |
| Other | | | | |

| EMPLOYMENT HISTORY | | | | | | |
|--|-------------|----------------|----------------|------------------------------|------------------------------|-----------------------------|
| Give names and addresses of all previous employers. If you are now working, your present employer and reason you want to leave must be included. Additional sheets may be attached if required. Please give reason for any lapse of time between jobs. | | | | | | |
| May we contact your present employer? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Employer (Latest first) | | Dates Employed | Salary History | Position and Duties | Reason for Leaving | |
| Name: | | From: | Start: | | | |
| Address (City/State/Zip): | | To: | Final: | | | |
| Telephone: | Supervisor: | | | | | |
| Name: | | From: | Start: | | | |
| Address (City/State/Zip): | | To: | Final: | | | |
| Telephone: | Supervisor: | | | | | |
| Name: | | From: | Start: | | | |
| Address (City/State/Zip): | | To: | Final: | | | |
| Telephone: | Supervisor: | | | | | |
| Name: | | From: | Start: | | | |
| Address (City/State/Zip): | | To: | Final: | | | |
| Telephone: | Supervisor: | | | | | |
| Additional sheets attached? | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| REFERENCES | | |
|--|---------------|-------------------|
| Please list 3 professional references (not related to you) with contact information. | | |
| Name: | Phone number: | Email: |
| How do you know this person? | | Years acquainted? |
| Name: | Phone number: | Email: |
| How do you know this person? | | Years acquainted? |
| Name: | Phone number: | Email: |
| How do you know this person? | | Years acquainted? |

Please read the following carefully before signing below:

I certify that the information contained in this application and/or any supplement thereto, is correct to the best of my knowledge and understand that any mis-statement or omission of information is grounds for dismissal in accordance with company policy. I authorize the City of Antlers to contact my current or prior employers and/or the above references and request any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I expressly release the City of Antlers and all parties providing such information from any and all liability or responsibility for damage that may result from furnishing the same to you.

I further understand said background check may also involve the City of Antlers' obtaining and investigative consumer report on me which may cover such areas as my character, general reputation and mode of living. I hereby authorize the City of Antlers, if they wish, to make such an inquiry and understand that upon my written request, additional information as to the nature of said inquiry will be provided.

If I am offered a position with the City of Antlers, I agree to conform to the applicable rules, regulations and policies of the City of Antlers, and acknowledge that my employment and compensation can be terminated at any time with or without cause, and with or without notice, at the option of either the City of Antlers or myself. I further understand that no representative of the City of Antlers has any authority to make any agreement contrary to the foregoing or to bind the City of Antlers for the employment of any person for any specified period of time. I understand that the City of Antlers is an "At Will" Employer.

Applicant's Signature _____ Date _____

PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Comments:

Interviewer: _____ Date: _____

Employed: Yes No

Date:

Job Title: _____ Hourly Rate/ Salary:

Department: _____ Completed by: