

**APPLICATION FOR CITY EMPLOYMENT**  
**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

The City of Coalgate 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 Coalgate 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.

<b>Position Desired:</b>		<b>Date of Application:</b>	
<b>Date Available for Employment:</b>		<b>Are you available to work:</b>	
Have you ever worked for the City?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give prior name, dates, & reason for leaving:		<b>Full-time</b> <input type="checkbox"/>	<b>Shifts:</b> <input type="checkbox"/>
		<b>Part-time:</b> <input type="checkbox"/>	<b>Nights:</b> <input type="checkbox"/>
		<b>Weekends:</b> <input type="checkbox"/>	
		<b>If Part-time; Hours/Days Available</b>	
<b>Social Security No.:</b>	<b>NAME: (Last, First, &amp; Middle:</b>		
<b>Street Address:</b>		<b>City/State/Zip:</b>	
<b>Home Phone:</b>	If you are under 18 years of age, can you provide proof of your eligibility to work?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>Work Phone:</b>	Are you legally eligible to work in the United States? <i>(Verification will be required upon employment and failure to furnish documentation will be cause for separation.)</i> YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>Do you hold a current and valid Oklahoma operator's or commercial chauffeurs driver's license (with endorsements specific to the equipment you will be operating?)</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
(If so, give type, expiration date, and number: _____)			
<i>(If tentatively selected, applicants applying for position where driving is required, will be required to furnish a copy, at their expense, of their driving record prior to employment.)</i>			
<b>Are you related to any city employee or any member of the City Council?</b>			
If so, give name, department, and relationship:    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>Have you been convicted of a felony in the last 7 years or are you currently charged with the commission of a felony?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, state what, when, and how: <i>(Note: this information does not in itself disqualify you for employment):</i>			

MILITARY SERVICE:	
Branch:	Date Entered:
Date and type of discharge:	
Indicate specific military experience or training that is job related:	

After reviewing the essential job functions from the attached job description, are you able to do the them with or without reasonable accommodations?

The City 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 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
Elementary			5	YES	
			6		
			7	NO	
			8		
High			1	YES	
			2		
			3	NO	
			4		
College			1	YES	
			2		
			3	NO	
			4		
Other (Specify)			1	YES	
			2		
			3	NO	
			4		

## EMPLOYMENT EXPERIENCE

1.

Employer, Address	Date Started	To	Work Performed
Job Title:	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Supervisor:			
Reason for leaving:			

2.

Employer, Address	Date Started	To	Work Performed
Job Title:	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Supervisor:			
Reason for leaving:			

3.

Employer, Address	Date Started	To	Work Performed
Job Title:	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Supervisor:			
Reason for leaving:			

4.

Employer, Address	Date Started	To	Work Performed
Job Title:	Starting	Final	
Supervisor:			
Reason for leaving:			

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

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

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 Coalgate 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 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 to the City of Coalgate.

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

\_\_\_\_\_  
Date



For Office Use Only: This section to be completed by interviewer before application is returned to Personnel/City Manager.

Arrange Interview:    YES        NO        Remarks: \_\_\_\_\_

References checked:   YES        NO        Remarks: \_\_\_\_\_

Ready to schedule pre-employment physical:  
                                 YES        NO        Remarks: \_\_\_\_\_

Other Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT  
RECIPIENTS OF FEDERAL ASSISTANCE COMPILE RACE/ETHNIC  
INFORMATION ON APPLICATIONS TAKEN WHICH IS UTILIZED BY  
THE GOVERNMENT FOR MONITORING PURPOSES.**

Text to be contained on the application form:

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

*The following information is requested by the Federal Government for loan and grant Programs In order to monitor borrower/grantee compliance with Civil Rights Act of 1964. you are not required to furnish this information, but are encouraged to do so. The law provides that an entity or lender may not discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this entity is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below:*

**APPLICANT**

I do not wish to furnish this information.

Race/National Origin:  
(Select one or more)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- Other (specify) \_\_\_\_\_

Sex:  Female  Male

**CO-APPLICANT**

I do not wish to furnish this information

Race/National Origin:  
(Select one or more)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- Other (specify) \_\_\_\_\_

Sex:  Female  Male

**TO BE COMPLETED BY INTERVIEWER:**

This application was taken by:  face to face interview  by telephone  by mail

Applicant's Name: (print or type) \_\_\_\_\_

Co-Applicant's Name: (print or type) \_\_\_\_\_

Interviewer's Name: (print or type) \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_

DATE: \_\_\_\_\_