



O K L A H O M A

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

110 N. Main  
PO Box 9  
Perkins, OK 74059

Telephone: (405) 547-2445  
Fax: (405) 547-5440

Last Name		First Name		M.I.	Email Address:
Date of Birth		Place of Birth		Social Security Number	
Physical Address			City	State	Zip Code
Mailing Address			City	State	Zip Code
Day Telephone		Evening Telephone		Cellular Telephone	
Alternate Contact Name			Telephone		
Position Desired			How did you learn about the job for which you are applying?		
Do you have a legal right to live and work in the U.S.?  <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a current Oklahoma driver's license?  License Number: _____ Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/>		
Have you ever been convicted of any crime (excluding convictions that have been sealed, expunged or legally eradicated)  <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is so, when (year): _____			Where (county/state): _____		
Please provide details:  _____ _____					
Are you now or have you ever been employed by the City of Perkins? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what dept and when? _____					

List any relatives who are elected officials or current employees of the City of Perkins: \_\_\_\_\_

**EDUCATION: Please describe below any education or training you have received which would qualify you for the job for which you are applying. Attach supplemental page(s) if necessary, all attachments must be signed.**

NAME OF SCHOOL	CITY/STATE	AREAS OF STUDY	Years Attended	Did you graduate?	TYPE OF DEGREE
High School / GED			From	Yes	
			To	No	
College			From	Yes	
			To	No	
Vocational School			From	Yes	
			To	No	

**EMPLOYMENT HISTORY: Must be completed by applicant (current or last employer first). You may attach a resume, but not in place of completing the required information. Please include military experience. Attach supplemental page(s) if necessary, all attachments must be signed.**

Company Name and Address	Job Title	
	Starting Date and Salary	Ending Date and Salary
Reason for Leaving	Supervisor's Name & Telephone	
May we contact this employer?	If we may not please indicate the reason:	
Description of work performed		

Company Name and Address	Job Title	
	Starting Date and Salary	Ending Date and Salary
Reason for Leaving	Supervisor's Name & Telephone	
May we contact this employer?	If we may not please indicate the reason:	
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Description of work performed		

Company Name and Address	Job Title	
	Starting Date and Salary	Ending Date and Salary
Reason for Leaving	Supervisor's Name & Telephone	
May we contact this employer?	If we may not please indicate the reason:	
Description of work performed		

Were you ever discharged or asked to resign from any position?	If yes, please explain why.
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Please list any additional skills, certificates, or licenses you possess which would qualify you for the job for which you are applying:

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**REFERENCES: List 5 references, 3 of which must be professional. Please do not list relatives.**

Name of Reference	Phone Number	Relationship	Years Known

**Please read the following information carefully, then sign and date below.**

**Accuracy:** I certify that answers given herein are true and complete to the best of my knowledge. I understand that any false or misleading information given by me on this application or throughout the selection process will cause me to be ineligible for employment.

**Verification:** To assist in determining my qualifications and fitness to perform the duties of this position or any position with the City of Perkins, I authorize the City of Perkins to investigate and verify information obtained through this application, any attachments, and the selection process. I hereby release the City of Perkins and its agents from all liability in making such investigations and inquiries. Furthermore, I release my employers, schools, or persons from all liability in responding to inquiries in connection with my application.

**Essential Functions:** I further understand that the City may conduct a medical exam to determine whether I can do the essential functions of the job without substantial risk to myself and the public. If after reviewing my responses, and conducting necessary interviews or tests, I am considered for the job and would need reasonable accommodation to perform the essential job functions, the parties will explore these alternatives.

**General:** I further understand that I am required to abide by all rules and regulations of the City. I understand that this is not a contract for employment. I understand that employment with the City of Perkins is "at will," which means that either I or the City can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor or manager of the City, other than the City Manager or City Commission has any authority to alter the foregoing. The City of Perkins may perform post-offer, pre-employment drug testing, driver license verification, background and / or criminal history checks.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

**\*The Background Disclosure & Authorization Form must be completed and submitted with this Application\***



## Background Disclosure & Authorization Form

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The City of Perkins, Oklahoma will conduct Standard Pre-Employment Background Screening on designated new hires and on certain employees to substantiate their qualifications for employment. Criminal background checks will be conducted in addition to the Standard Pre-Employment Screening. I understand that the City of Perkins may utilize the services of a third-party as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, the City of Perkins may obtain further information through subsequent investigations in order to update, renew, or extend my employment.

In accordance with the Fair Credit Reporting Act, this information may only be used to verify statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Driver's Protection Act, and any applicable state statute(s).

I understand an investigative report may be generated on me which may include obtaining information regarding, among other items, my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service) subject to state and federal law.

I fully understand that the City of Perkins and/or their agent may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for the City of Perkins and/or its agent to do so.

### APPLICANT/EMPLOYEE DISCLOSURE

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the City receives my request or five days after the investigative consumer report was requested, whichever is later.

I also understand that before I am denied employment based, in whole or part, on information obtained in the investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act prepared pursuant to 15 U.S.C. section 1681(g)(c). I understand if I disagree with the accuracy of any information in the report, I must notify the City within five business days of the receipt of the report that I am challenging information in the report, the City will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

### APPLICANT/EMPLOYEE RELEASE AND AUTHORIZATION

I hereby consent to this investigation and authorize, without reservation, any one contacted by the City of Perkins and/or its agent to furnish the information as stated above. In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment. In addition, I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (First Name) (Middle Name) (Last Name, Suffix)

California, Minnesota, & Oklahoma Residents: I have the right to request a copy of my consumer report by checking the box below.

Being a resident of California, Minnesota, or Oklahoma, I wish to receive a copy of the consumer report. (Check box ONLY if you wish to receive a copy).  Yes

Minnesota Residents Only: I have the right to make a written request to the consumer reporting agency to provide me with a complete and accurate disclosure of the nature and scope of the consumer report.

California Residents Only: I may obtain from the consumer reporting agency a copy of my file, upon submitting proper identification and paying the costs of duplication services.