EMPLOYMENT APPLICATION

City of Weatherford
522 W Rainey
Weatherford, Ok 73096
580-774-4563 * Fax 580-772-7468

Notice to Any Person Seeking Employment With The City of Weatherford

- **Those applicants requiring reasonable accommodations to the applications and/of interview process should notify the City of Weatherford.**
- **Your application will be considered only for the position for which you apply, therefore:**
  - **You must complete another application each time you wish to apply for another available position.**
  - **You must complete the entire application even if you have attached/submitted a resume.**
  - **You must sign and date on the application.**
- **After the time period for accepting applications closes, all applications will be reviewed. You will be contacted via letter or phone regarding the outcome of the evaluations.**
- **Unsolicited applications and resumes are kept on file for 60 days.**

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of the City of Weatherford to be an Equal Opportunity Employer. The City of Weatherford affords employment to those qualified persons without regard to race, color, religion, age, sex, national origin, sexual orientation, creed, disability, marital status or status with regard to public assistance.

NOTICE TO HANDICAPPED/DISABLED APPLICANTS

The City of Weatherford will not discriminate against any applicant for employment because of physical or mental disability in regard to any position for which an applicant is qualified. The City of Weatherford agrees to employ, advance in employment, and otherwise treat qualified individuals with disabilities without discrimination based upon their physical or mental disability in all employment practices.

NOTICE TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA

It is the City of Weatherford's policy to provide employment and advance in employment qualified disabled veterans and veterans of the Vietnam Era at all levels and segments of the organization. The City of Weatherford adheres to and is subject to 38 USC 4512 of the Vietnam Era Veterans Readjustment Act of 1974.

PRE-EMPLOYMENT DRUG TESTING

To ensure the continued health and safety of all employees of the City of Weatherford, all applicants who have been given an offer for employment must complete a test for illegal drugs. Employment is contingent upon a negative drug test. The tests are conducted by a City of Weatherford designated service at no cost to the applicant.

EMPLOYMENT ELIGIBILITY

Within three (3) days of starting employment with the City of Weatherford, an employee must complete an Eligibility of Employment Form (Form I-9). The purpose of the form is to ensure all employees are eligible to work in the United States.

Employment relationship with the City of Weatherford is *at-will* and may be terminated at any time when such action is deemed for the good of the service, with or with out notice.

Position applied for_____ Date of application ____/____/____

Name_____
LAST FIRST MIDDLE

Personal

Name _____
LAST FIRST MIDDLE

Address _____ Social Security # _____
STREET

_____ E-mail address _____
CITY STATE ZIP CODE

Telephone # (_____)_____ Mobile/Beeper/Other Phone # (_____)_____

If necessary, best time to call you at home is _____:_____ AM PM

May we contact you at work? ☐ Yes ☐ No

If yes, work number and best time to call (_____)_____ _____:_____ AM PM

Are you over 18 years of age? ☐ Yes ☐ No

List positions previously applied for _____ ☐ None

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.

If yes, please provide date(s) and details _____

Work Preference

Date available for work _____/_____/_____

Type of employment desired ☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal

Will you travel if job requires it? ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Will you work overtime (more than 40 hours in a week)? ☐ Yes ☐ No

Education

High School City/State	Circle grade completed 1 2 3 4		Did you graduate? Yes No
College/Technical School/Other City/State	# of Years	Course of Study	Degree, diploma, certificate and honors received

Other job-related educational institutions, licenses, certifications, etc

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheet if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE # ( )	DATES EMPLOYED FROM	DATES EMPLOYED TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATES/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		$	PER	
REASON FOR LEAVING		HOURLY RATES/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? _ YES _ NO _ LATER		$	PER	

EMPLOYER	TELEPHONE # ( )	DATES EMPLOYED FROM	DATES EMPLOYED TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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REASON FOR LEAVING		HOURLY RATES/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? _ YES _ NO _ LATER		$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT_____

_____

_____

Skills and Qualifications

SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING FOR.

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	( )	
	( )	
	( )	

Applicant Statement

I certify that all the information I have provided in order to apply for and secure employment with the City of Weatherford is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from the City of Weatherford, when it is discovered.

I understand my employment is contingent upon the results of a drug screen for illegal drugs. A confirmed positive screen will result in my disqualification from employment.

I authorize and consent to my references, employers and/or employer representatives, public agencies, licensing authorities, and educational institutions and persons or organizations named in this application and/or accompanying resume to release any information to the City of Weatherford that may be required to make an employment decision.

I understand this application remains current for 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application. A new application must be completed for each job I wish to be considered for.

I understand my employment is not guaranteed for any term, and my employment may be terminated by the City of Weatherford or myself at any time and for any reason. No manager, supervisor or representative of the City of Weatherford is authorized to make an oral or written assurance or promise of continued employment.

Do not sign until you have read the above APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** _____/_____/_____

For Administrative Use Only

Position(s) applied for ☐ Available ☐ Not Available

Hired ☐ Yes ☐ No

Position hired for _____ Date of hire / /

From the EEO job classifications listed below, which one best describes the position filled?

☐ Officials and Managers	☐ Sales Workers	☐ Operatives (semi-skilled)
☐ Professionals	☐ Office and Clerical Workers	☐ Laborers (unskilled)
☐ Technicians	☐ Craft Workers (skilled)	☐ Service Workers

Notes _____

_____

Completed by _____ Date / /