

CITY OF BARTLESVILLE

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION DATE: POSITION APPLIED FOR:		LAST FOUR DIGITS OF SOCIAL:
_AST NAME: FIRST NAME:	M.I.: E-N	E-MAIL ADDRESS:
STREET ADDRESS:	CE CHC	HOME PHONE:
STATE: ZIP CODE		DATE YOU WILL BE AVAILABLE TO BEGIN WORK:
ARE YOU CURRENTLY OR WERE YOU PREVIOUSLY EMPLOYED BY THE CITY OF BARTLESVILLE?	CIRCLE ONE	UNDER 18? OVER 18?
ARE YOU RELATED TO ANY CITY OF BARTLESVILLE EMPLOYEE, FORMER EMPLOYEE OR COUNCIL MEMBER? GIVE NAMES AND RELATIONSHIP:	WILL YOU WORK (PLEASE CIRCLE) FULL TIME PART TIME WEEK	RK (PLEASE CIRCLE) PART TIME WEEKENDS SHIFTS SUMMER/TEMP VOLUNTEER
HAVE YOU EVER PLED GUILTY OR 'NO CONTEST' TO, OR BEEN CONVICTED OF, A MISDEMEANOR OR FELONY? YES OR NO	IF CURRENTLY OR DEPARTMENT:	IF CURRENTLY OR PREVIOUSLY EMPLOYED WITH THE CITY OF BARTLESVILLE, DEPARTMENT:
F YES, PLEASE GIVE THE DATE(S) AND DETAILS: HAVE YOU BEEN ARRESTED FOR ANY MATTERS FOR WHICH YOU ARE OUT	FROM: TO: FOR DRIVING RELATED POSTIONS	TO: ATED POSTIONS:
ON BAIL OR ON YOUR OWN RECOGNIZANCE PENDING TRIAL? YES OR NO	DO YOU HOLD A CI	DO YOU HOLD A CURRENT OKLAHOMA DRIVERS LICENSE?
F YES, PLEASE GIVE THE DATE(S) AND DETAILS:	FOR DRIVING RELATED POSTIONS HAS YOUR LICENSE EVER BEEN R	FOR DRIVING RELATED POSTIONS: HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED?
NOTE: ANSWERING 'YES' TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTOS SUCH AS AGE AND TIME OF	FOR DRIVING RELATED PLEASE PROVIDE DRIVE	FOR DRIVING RELATED POSITIONS: PLEASE PROVIDE DRIVERS LICENSE NUMBER:
REHABILITATION WILL BE TAKEN INTO ACCOUNT.	EXPIRATION DATE:	CLASS:

EDUCA	EDUCATION AND TRAINING			
DID YOU GRADUATE FROM HIGH SCHOOL?	HIGHEST YEAR OF SCHOOL COMPLETED:	OOL COMPLETED	9:	
DO YOU HAVE A GED?	HIGH SCHOOL OR GED	RECEIVED FROM?	?	
COLLEGE OR UNIVERSITY NAME:	MAJOR:	MINOR:	YEAR:	DEGREE:
LOCATION:	FROM: TO:		HOUF	HOURS COMPLETED:
COLLEGE OR UNIVERSITY NAME:	MAJOR:	MINOR:	YEAR:	DEGREE:
LOCATION: Cleveland, OH	FROM: TO:		HOUF	HOURS COMPLETED:
BUSINESS, VOCATIONAL, TECHNICAL, CORRESPONDENCE SCHOOLS	CHNICAL, CORRESPONDE	ENCE SCHOOLS		
SCHOOL NAME:	LOCATION:			
TYPE OF COURSE WORK:	DID YOU COMPLETE?		IF YES, WHEN:	
SCHOOL NAME:	LOCATION:			
TYPE OF COURSE WORK:	DID YOU COMPLETE?		IF YES, WHEN:	
THREE INDIVIDUALS WHO ARE NOT RELATED TO YOU		OU AS TO CHARA	CTER, TRAINI	YOU AS TO CHARACTER, TRAINING AND ABILITY.
REFERENCE NAME:	ADDRESS;		CONTACT PHONE	ONE
REFERENCE NAME:	ADDRESS:		CONTACT PHONE:	ONE:
REFERENCE NAME:	ADDRESS:		CONTACT PHONE:	ONE:

TER: TER: TER: TER: TO OR ASKED TO RESIGN FROM ANY		MAY WE CONTACT YOUR PREVIOUS EMPLOYERS?	MAY WE CONTACT YOUR PRESENT EMPLOYER?
DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED: SUPERVISOR PHONE NUMBER: SUPERVISOR EMPLOYMENT FROM: DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED: SUPERVISOR EMAIL: SUPERVISOR PHONE NUMBER: SUPERVISOR EMAIL: DATES OF EMPLOYMENT FROM: SUPERVISOR EMAIL: DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED: SUPERVISOR EMAIL: SUPERVISOR PHONE NUMBER: SUPERVISOR EMAIL: SUPERVISOR EMAIL:		IF YES, WHY?	WERE YOU EVER DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION?
EER: DATES OF EMPLOYMENT TO: FROM: SUPERVISOR PHONE NUMBER: SUPERVISOR PHONE NUMBER: SUPERVISOR PHONE NUMBER: DATES OF EMPLOYMENT FROM: SUPERVISOR PHONE NUMBER: SUPERVISOR PHONE NUMBER: SUPERVISOR EMAIL: SUPERVISOR EMAIL: SUPERVISOR PHONE NUMBER: DATES OF EMPLOYMENT TO: FROM: DATES OF EMPLOYMENT TO: SUPERVISOR PHONE NUMBER:		SUPERVISOR EMAIL:	REASON FOR LEAVING:
EER: DATES OF EMPLOYMENT FROM: DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED: SUPERVISOR PHONE NUMBER: DATES OF EMPLOYMENT FROM: DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED: SUPERVISOR PHONE NUMBER: SUPERVISOR PHONE NUMBER: SUPERVISOR EMAIL: SUPERVISOR EMAIL: DATES OF EMPLOYMENT TO: DATES OF EMPLOYMENT TO: DATES OF EMPLOYMENT TO: DATES OF EMPLOYMENT TO: DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED:		SUPERVISOR PHONE NUMBER:	SUPERVISOR'S NAME & TITLE:
EER: BEGIN WITH PRESENT OF LAST FOSTION FROM: FROM: DATES OF EMPLOYMENT FROM: SUPERVISOR PHONE NUMBER: DATES OF EMPLOYMENT FROM: FROM: DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED: DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED: SUPERVISOR PHONE NUMBER: SUPERVISOR EMAIL: SUPERVISOR EMAIL: DATES OF EMPLOYMENT FROM: TO:		DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED:	JOB TITLE:
EEGIN WITH PRESENT OF LAST POSITION DATES OF EMPLOYMENT TO: SUPERVISOR PHONE NUMBER: SUPERVISOR EMAIL: DATES OF EMPLOYMENT FROM: DATES OF EMPLOYMENT TO: DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED: SUPERVISOR PHONE NUMBER: SUPERVISOR PHONE NUMBER:	SALARY/WAGE:	OF EMPLOYMENT	NAME & ADDRESS OF EMPLOYER:
EER: DATES OF EMPLOYMENT TO: PROM: SUPERVISOR PHONE NUMBER: SUPERVISOR EMAIL: DATES OF EMPLOYMENT FROM: DATES OF EMPLOYMENT FROM: DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED: SUPERVISOR PHONE NUMBER: SUPERVISOR PHONE NUMBER:		SUPERVISOR EMAIL:	REASON FOR LEAVING:
ER: DATES OF EMPLOYMENT TO: DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED: SUPERVISOR EMAIL: ER: DATES OF EMPLOYMENT FROM: DATES OF EMPLOYMENT FROM: DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED:		SUPERVISOR PHONE NUMBER:	SUPERVISOR'S NAME & TITLE:
TO: DATES OF EMPLOYMENT TO: DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED: SUPERVISOR PHONE NUMBER: SUPERVISOR EMAIL: FROM: TO:		DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED:	JOB TITLE:
DATES OF EMPLOYMENT FROM: DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED: SUPERVISOR PHONE NUMBER: SUPERVISOR EMAIL:	SALARY/WAGE:	OF EMPLOYMENT	NAME & ADDRESS OF EMPLOYER:
DATES OF EMPLOYMENT FROM: DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED: SUPERVISOR PHONE NUMBER:		SUPERVISOR EMAIL:	REASON FOR LEAVING:
DATES OF EMPLOYMENT FROM: DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED:		SUPERVISOR PHONE NUMBER:	SUPERVISOR'S NAME & TITLE:
DATES OF EMPLOYMENT FROM: TO:		DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED:	JOB TITLE:
	SALARY/WAGE:		NAME & ADDRESS OF EMPLOYER:
		EMPLOYMENT HISTORY BEGIN WITH PRESENT OR LAST POSITION	BEGIN W

IF WE MAY NOT, PLEASE INDICATE REASON:

SKILLS INVENTORY

AGREEMENT:

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. The City of Bartlesville performs post-offer, pre-employment drug testing offer of employment is made, I 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. I further and conducting necessary interview 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. Once conditional and inquiries. Furthermore, I release my employers, schools, or persons from all liability in responding to inquiries in connection with my application. If after reviewing my application form, verifying my responses, City of Bartlesville to investigate and verify information obtained through this application and the selection process. I hereby release the City of Bartlesville and its agents from all liability in making such investigations cause me to be ineligible for or terminated from employment. To assist in determining my qualifications and fitness to perform the duties of this position or any position with the City of Bartlesville, I authorize the 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 could

consumer, credit, criminal, driving, personal reference, job reference, DOT drug and alcohol testing history results, and other reports pertaining to me. These reports may include personal conversations with persons In connection with the City of Bartlesville's consideration of me for employment, I understand that the City of Bartlesville and its agents may conduct investigative inquiries into my background that will include pertinent information. If hired by the City of Bartlesville, I understand that I must comply with all policies and procedures of the City of Bartlesville. personal characteristics, work record and characteristics, skills and abilities, education and training, employment experiences, past job performance, reasons for termination for previous employment and other possessing knowledge relevant to these categories. These background inquiries will be conducted and reports obtained to provide the City of Bartlesville with information regarding my character, general reputation,

complete information about the nature and scope of the investigation. I hereby give my consent to the City of Bartlesville or anyone acting on its behalf obtaining the above stated information I understand the above uses and purpose for which the City of Bartlesville may seek this information about me. I understand that I have a right to make a written request within a reasonable period of time to receive

such information. I also release the City of Bartlesville from any and all liability for conducting such an investigation. I authorize any person or entity contacted by the City of Bartlesville or anyone acting on its behalf to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing