

**CITY OF BARTLESVILLE
APPLICATION FOR EMPLOYMENT, FIREFIGHTER
AN EQUAL OPPORTUNITY EMPLOYER**

APPLICATION DATE:	POSITION APPLIED FOR:	LAST FOUR DIGITS OF SOCIAL:
LAST NAME:	FIRST NAME:	M.I.:
STREET ADDRESS:		E-MAIL ADDRESS:
HOME PHONE:		CELL PHONE:
CITY:	STATE:	ZIP CODE:
DATE YOU WILL BE AVAILABLE TO BEGIN WORK:		
ARE YOU CURRENTLY OR WERE YOU PREVIOUSLY EMPLOYED BY THE CITY OF BARTLESVILLE? YES <input type="checkbox"/> NO <input type="checkbox"/>		ARE YOU BETWEEN THE AGES OF 21 AND 45? YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU RELATED TO ANY CITY OF BARTLESVILLE EMPLOYEE, FORMER EMPLOYEE OR COUNCIL MEMBER? GIVE NAMES AND RELATIONSHIP:		WILL YOU WORK NIGHTS, WEEKENDS, AND HOLIDAYS? YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER PLED GUILTY OR 'NO CONTEST' TO, OR BEEN CONVICTED OF, A MISDEMEANOR OR FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE GIVE THE DATE(S) AND DETAILS:		IF CURRENTLY OR PREVIOUSLY EMPLOYED WITH THE CITY OF BARTLESVILLE, DEPARTMENT <input type="text"/> FROM <input type="text"/> TO <input type="text"/>
HAVE YOU BEEN ARRESTED FOR ANY MATTERS FOR WHICH YOU ARE OUT ON BAIL OR ON YOUR OWN RECOGNIZANCE PENDING TRIAL? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE GIVE THE DATE(S) AND DETAILS:		FOR DRIVING RELATED POSTIONS: DO YOU HOLD A CURRENT OKLAHOMA DRIVERS LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE GIVE THE DATE(S) AND DETAILS:		FOR DRIVING RELATED POSTIONS: HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, STATE REASON AND DATE:
NOTE: ANSWERING 'YES' TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTOS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND THE REHABILITATION WILL BE TAKEN INTO ACCOUNT.		DRIVER'S LICENSE NUMBER <input type="text"/>
		EXPIRATION DATE <input type="text"/>
		CLASS <input type="text"/>

EDUCATION AND TRAINING

DID YOU GRADUATE FROM HIGH SCHOOL?		HIGHEST YEAR OF SCHOOL COMPLETED:	
YES	<input type="text"/>	NO	<input type="text"/>
DO YOU HAVE A GED?		HIGH SCHOOL OR GED RECEIVED FROM?	
YES	<input type="text"/>	NO	<input type="text"/>

COLLEGE OR UNIVERSITY NAME:	MAJOR:	MINOR:	YEAR:	DEGREE:
LOCATION:	FROM: TO:		HOURS COMPLETED:	
COLLEGE OR UNIVERSITY NAME:	MAJOR:	MINOR:	YEAR:	DEGREE:
LOCATION: Cleveland, OH	FROM: TO:		HOURS COMPLETED:	

BUSINESS, VOCATIONAL, TECHNICAL, CORRESPONDENCE 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:

REFERENCES:

LIST THREE INDIVIDUALS WHO ARE NOT RELATED TO YOU WHO WILL RECOMMEND YOU AS TO CHARACTER, TRAINING AND ABILITY.

REFERENCE NAME:	ADDRESS:	CONTACT PHONE:
REFERENCE NAME:	ADDRESS:	CONTACT PHONE:
REFERENCE NAME:	ADDRESS:	CONTACT PHONE:

EMPLOYMENT HISTORY
 BEGIN WITH PRESENT OR LAST POSITION

NAME & ADDRESS OF EMPLOYER:	DATES OF EMPLOYMENT FROM: _____ TO: _____	SALARY/WAGE:
JOB TITLE:	DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED:	
SUPERVISOR'S NAME & TITLE:	SUPERVISOR PHONE NUMBER:	
REASON FOR LEAVING:	SUPERVISOR EMAIL:	

NAME & ADDRESS OF EMPLOYER:	DATES OF EMPLOYMENT FROM: _____ TO: _____	SALARY/WAGE:
JOB TITLE:	DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED:	
SUPERVISOR'S NAME & TITLE:	SUPERVISOR PHONE NUMBER:	
REASON FOR LEAVING:	SUPERVISOR EMAIL:	

NAME & ADDRESS OF EMPLOYER:	DATES OF EMPLOYMENT FROM: _____ TO: _____	SALARY/WAGE:
JOB TITLE:	DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED:	
SUPERVISOR'S NAME & TITLE:	SUPERVISOR PHONE NUMBER:	
REASON FOR LEAVING:	SUPERVISOR EMAIL:	

WERE YOU EVER DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHY? <input type="text"/>
--	--------------------------------------

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	MAY WE CONTACT YOUR PREVIOUS EMPLOYERS? YES <input type="checkbox"/> NO <input type="checkbox"/>
---	---

IF WE MAY NOT, PLEASE INDICATE REASON:

SKILLS INVENTORY

PLEASE MARK ANY OF THE FOLLOWING SKILLS, LICENSES, AND CERTIFICATIONS YOU POSSESS THAT ARE MOST RELEVANT TO THE JOB(S) YOU ARE SEEKING WITH THE CITY OF BARTLESVILLE.			
PROFICIENCY/CERTIFICATIONS/LICENSES IN TRADES:		OFFICE/SOFTWARE SKILLS	
	PLUMBING		TEN-KEY BY TOUCH
	CARPENTRY		MICROSOFT WORD
	ELECTRICAL		MICROSOFT EXCEL
	HEAT AND AIR		MICROSOFT ACCESS
	AUTO MECHANICS		MICROSOFT POWERPOINT
	ELECTRONICS		MICROSOFT ACTIVE DIRECTORY
	DRAFTING		MICROSOFT EXCHANGE
	SURVEYING		CAD/GEOGRAPHIC INFORMATION SYSTEMS (GIS)
	WATER CERTIFICATION		MACINTOSH (PLEASE LIST PROGRAMS)
	WATER LAB CERTIFICATION		DESKTOP PUBLISHING
	WASTE WATER CERTIFICATION		MICROSOFT SERVER
			NETWORK MANAGEMENT
			TYPING AT _____ WPM
EQUIPMENT OPERATION:		PLEASE LIST ANY OTHER SKILLS OR CERTIFICATIONS YOU POSSESS:	
	JETTER		
	HEAVY/TANK TRUCK		
	DOZER		
	FRONT END LOADER		
	BACKHOE		
	TRACTOR WITH ATTACHMENTS		
	GRADER		

AGREEMENT:

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 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 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 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, 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 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 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.

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 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 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, 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 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.

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 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 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 such information. I also release the City of Bartlesville from any and all liability for conducting such an investigation.

Signature of Applicant

Date