



**City of Clinton, Oklahoma**

**Application for Employment**

<b>EMPLOYMENT DESIRED:</b>	
Position Your Are Applying For:	Date You Can Start:
Are You Currently Employed?	If yes, may we contact your present Employer?

<b>NAME AND CONTACT INFORMATION:</b>		
Last Name:	First Name	Middle Name
Mailing Address:		Physical Address (if different):
Phone Numbers:		
Home	Mobile	Work

<b>EDUCATION:</b>		
High School Attended & Location:	Years of attendance:	Did you Graduate?
College Attended & Location:	Years of Attendance:	Degree Earned:
Advanced Degrees, Licenses, Certifications, Special Skills, Other Educational Training		

Prospective employees of the City of Clinton must submit to a background check, drug screen, and a physical examination. By your signature below, you agree that all of the information provided on this application is true and correct to the best of your knowledge.

Signed: \_\_\_\_\_

The City of Clinton is an Equal Opportunity Provider  
 P. O. Box 1177      Clinton, Oklahoma 73601      415 Gary Boulevard  
 Phone 580/323-0261      Fax 580/323-0346      TDD 800-722-0353

**WORK EXPERIENCE:**

*Starting with your most recent employment and continuing back for at least 10 years, list your employment experience including all requested information to the best of your knowledge.*

Employer Name:	Employer Address:	City, State, Zip:
Contact Person:	Telephone Number:	Other Contact Information:
Job Title:	Description of Duties:	
Dates of Employment:	Reason for Leaving:	

Employer Name:	Employer Address:	City, State, Zip:
Contact Person:	Telephone Number:	Other Contact Information:
Job Title:	Description of Duties:	
Dates of Employment:	Reason for Leaving:	

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*Use additional pages when necessary.*