

Human Resources Department

APPLICANT NAME:

JOB TITLE:

TO: APPLICANTS FOR EMPLOYMENT WITH THE CITY OF CLINTON

FROM: THE HUMAN RESOURCES STAFF

SUBJECT: APPLICATION PROCESS

The application process with the City of Clinton can be lengthy and is very strictly regulated by several local, state and federal employment guidelines/regulations. While we have made every effort to simplify and expedite the selection process, many equal opportunity, affirmative action and merit system provisions must be monitored.

PLEASE READ THE FOLLOWING GUIDELINES CAREFULLY BEFORE COMPLETING THE APPLICATION FORM. THESE GUIDELINES ARE STRICTLY ENFORCED AND ADHERED TO.

NEPOTISM: In accordance with the City's Policy and Procedure Manual, "No two individuals related by blood or marriage to the third degree shall be employed within the same lines of supervision or work unit in a department. Relatives of department heads and division heads shall not be hired within the same department."

DRIVING STANDARDS: If the position for which you are applying has, as an essential job function, the operating of a City vehicle, or may require driving a City vehicle, you must possess a properly classified, valid Oklahoma Driver's License and your driving record must meet the following driving standards:

1. No more than four (4) points on your driving record.
2. Possess the proper classification of driver's license for the job for which you are applying.
3. Possess and maintain a valid Oklahoma Driver's License during the course of your employment with the City, and maintain a driving record with no more than four (4) points as set out in paragraph 1 above.
4. Must meet the approval of the City's insurance carrier.

BACKGROUND INVESTIGATION: If you are tentatively selected for employment with the City, the Human Resources Department will conduct a background investigation of your credentials prior to your being appointed to a position with the City. You must sign this form to authorize the City to verify your credentials.

DRUG SCREEN TEST: You will be required to take a pre-employment drug screen for employment consideration in accordance with the Oklahoma Standards for Workplace Drug and Alcohol Testing Act, the Omnibus Transportation Employee Testing Act and the City of Clinton Policy and Procedures Manual.

415 Gary Blvd

P. O. Box 1177
Job Line 580-323-7897

Clinton, Ok 73601
www.clintonokla.org

580-323-0217

APPLICATION PROCESS (continued)

IMMIGRATION REFORM AND CONTROL ACT OF 1986: In accordance with the United States Code, Title 8, Section 132A, the City of Clinton must verify every individual's eligibility for employment in the United States. The Department of Homeland Security and the United States Department of Labor require you to furnish the City of Clinton with document verification of employment eligibility. If you are extended an offer of employment, you will be required to furnish such documentation. Failure to furnish the City of Clinton with the requested documentation will result in denying you employment with the City.

Have you been convicted of a felony in the last seven (7) years?

Yes No If yes, please explain _____

(This information does not in itself disqualify you for employment.)

Applicant Signature

Date

Please feel free to contact the Human Resources staff if you have any questions regarding Clinton's selection process. In closing, let us thank you for your interest in considering the City of Clinton as a career option.

******* FOR HUMAN RESOURCES USE ONLY *******

Position Applied For Is Open? Yes No

Send to Department Supervisor? Yes No

Remarks: _____

City of Clinton

APPLICATION
FOR EMPLOYMENT

P. O. Box 1177
Clinton, OK 73601
Attn: Human Resources

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or handicap.

(PLEASE PRINT)

Date of Application: _____

Position Applied For: _____

Referral By: Clinton Daily Walk In Friend/Relative City Employee _____

NAME: _____
Last First Middle

MAILING ADDRESS: _____
Address City State Zip Code

PHONE NUMBERS where you may be contacted between the hours of 8 am & 5 pm:

PRIMARY PHONE #: _____ home cell work (check one)

ALTERNATE PHONE #: _____ home cell work (check one)

Have you filed an application here before? Yes No.

If yes, give date: _____ Position applied for: _____.

Have you ever been employed here before? Yes No. If yes, give date: _____.

Are you employed now? Yes No. If yes, may we contact your present employer? Yes No. A negative answer will not affect your being considered for employment.

CITY OF CLINTON - APPLICATION FOR EMPLOYMENT

Do you have a current driver's license? Yes No. Proof will be required.

State: _____ Driver's License Number: _____

Expiration Date: _____

Do you have a relative working for the City of Clinton? Yes No.

If so, whom? _____ How are you related? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No.

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Seasonal?

Are you on a lay-off and subject to recall? Yes No

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name	City & State	DAYTIME TELEPHONE

EDUCATION:

School Name	High School	College/University	Graduate
Years Completed	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
DEGREE OBTAINED: Training, Apprenticeships, and/or Extra-curricular Activities:			

Honors Received: _____

Do you possess a high school diploma or G.E.D. equivalent? | Yes | | No |
 Are you currently a student in the high school listed above? Yes No

CITY OF CLINTON - APPLICATION FOR EMPLOYMENT

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Do not leave gaps in your employment history. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer:	Phone:	Dates Employed From: To:	Work Performed:
Address:		Hourly Wage/Salary Beginning: Ending:	
Job Title:			
Supervisor:			
Reason for leaving or for wanting to change jobs:			

Employer:	Phone:	Dates Employed From: To:	Work Performed:
Address:		Hourly Wage/Salary Beginning: Ending:	
Job Title:			
Supervisor:			
Reason for leaving or for wanting to change jobs:			

Employer:	Phone:	Dates Employed From: To:	Work Performed:
Address:		Hourly Wage/Salary Beginning: Ending:	
Job Title:			
Supervisor:			
Reason for leaving or for wanting to change jobs:			

If you need additional space, please continue on a separate sheet of paper.

CITY OF CLINTON - APPLICATION FOR EMPLOYMENT

Employer:	Phone:	Dates Employed From: To:	Work Performed:
Address:		Hourly Wage/Salary Beginning: Ending:	
Job Title:			
Supervisor:			
Reason for leaving or for wanting to change jobs:			

Employer:	Phone:	Dates Employed From: To:	Work Performed:
Address:		Hourly Wage/Salary Beginning: Ending:	
Job Title:			
Supervisor:			
Reason for leaving or for wanting to change jobs:			

SKILLS AND QUALIFICATIONS: Summarize skills, qualifications, certifications or licenses you may have that meet the qualifications for this job.

After reviewing the job description, can you perform the essential job functions with or without accommodations? Yes No

Would you be willing to demonstrate how you would do the essential job functions with or without reasonable accommodations? Yes No

State any additional information you feel may be helpful to us in considering your application.

List languages other than English that you speak proficiently, including communicating with the deaf.

NOTICE TO APPLICANTS

*****AGREEMENT*****

READ CAREFULLY BEFORE SIGNING

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading statements/answers will disqualify me from employment consideration.

The background information supplied by an applicant for an open position will be checked. This check will cover the accuracy of the data furnished and the past performance record of the candidate. I hereby authorize the City of Clinton to investigate all statements contained in this application and verify the facts claimed by me on this application. I understand that such information is confidential, and the City cannot reveal the reason for rejection.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City.

I further understand and agree that my employment with the City of Clinton does not constitute an employment contract and that I may resign my position and voluntarily leave employment, or my employment may be terminated at any time and for any reason.

I hereby grant permission to the City of Clinton to investigate and verify any of the information included in this application, and I agree to submit to a drug test and medical examination, if required.

Signature of Applicant

Date

HUMAN RESOURCES DEPARTMENT AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the City of Clinton, Human Resources Department, bearing this release, or a photo copy thereof, within one year of its date, to obtain any information from your files pertaining to my employment records including, but not limited to, attendance, employment history and disciplinary records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the express use of the City of Clinton, Human Resources Department.

I hereby release you as the custodian of such records and, any school, college or university or other educational institution, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me because of compliance with this authorization and request to release information, or any attempt to comply with it.

A copy of this authority to release will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature: _____
(Full Name)

Date: _____

Typed or Printed: _____
(Full Name)

Current Address:

City/State/Zip: _____

Area Code/Phone No.: _____

CITY OF CLINTON
COMMITTED TO ENHANCING QUALITY OF LIFE THROUGH QUALITY PUBLIC SERVICE