

APPLICATION FOR EMPLOYMENT

**TOWN OF FORT GIBSON
FORT GIBSON UTILITIES AUTHORITY**

200 West Poplar Avenue
PO Box 218
Fort Gibson, OK 74434-0218
Phone: 918-478-3551 • Fax: 918-478-4908

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative

Last Name	First Name	Middle Name
Address	Name	Street
	City	State
Zip Code		
Telephone Numbers(s)		

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If Yes, give date: _____ Yes No

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

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or immigration status? Yes No
Proof of Citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part time Temporary

Can you travel if a job requires it? Yes No

Have you been convicted of a felony? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address Of School	Course of Study	Years Completed/ Diploma Degree	Degree Earned	
High School		NA		HS Diploma GED NA	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Undergraduate College					
Graduate Professional					
Other (Specify)					

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

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ADDITIONAL INFORMATION

Other Qualifications

List Computer programs with which you are proficient.

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

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the Activities involved in the job or occupation for which you have applied? Yes No

A description of the activities involved in such a job or occupation is attached

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason For Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason For Leaving			

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Address			
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Job Title	Supervisor		
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper, or attach Resume.
A Resume is not a substitute for completing the other questions on the form.

List Professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

REFERENCES – Do not include family members or past supervisors.

1	_____	_____	_____
	(Name)	Phone #	Best Time To Call

	How do you know this person?		
2	_____	_____	_____
	(Name)	Phone #	Best Time To Call

	How do you know this person?		
3	_____	_____	_____
	(Name)	Phone #	Best Time To Call

	How do you know this person?		

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statement contained in this application for employment as may be necessary in arriving an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such changes are specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Date: _____

Signature of Applicant

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: ___ Yes ___ No	Remarks: _____
Employed: ___ Yes ___ No	Date of employment: _____
Job Title: _____	Hourly Rate/Salary: _____ Department: _____
Date: _____	By: _____
Name and Title	