



Application for Employment

City of Ada
231 S. Townsend Ave
Ada, OK 74820

An Equal Opportunity / Affirmative Action Employer

The City of Ada does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, handicapped status, or any other legally protected status.

Date: _____

Print or type answers to each question clearly and completely. All questions must be answered. This is an application for employment and no employment contract is being offered. The City of Ada can change the wages, benefits, and conditions of employment at any time. If you need assistance in completing this application form or in participating in the selection process, please call 580-436-6300 and ask for the human resources department

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Social Security #: _____ Phone Number: _____

Email Address: _____ Are you legally eligible for employment in the U.S.A.? _____

Emergency Contact: _____
(Full Name) (Phone Number)

Do you have a valid OK driver's license? _____ License Number: _____

Has your license been revoked or suspended in the last five years? _____

If yes, give years and reason: _____

Position Desired: _____ Date available for work: _____

Are you willing to work any hours assigned including nights and weekends? _____

Have you ever been employed by the City of Ada? _____ Any other City? _____

If yes, when and reason for leaving? _____

Do you have any relatives who are employed or elected officials of the City of Ada? _____

If yes, give: name, relationship and department _____

Have you been convicted of a felony in the last seven years or are you currently charged with the commission of a felony? _____

If yes, state: what, when and where. (Note, this information does not in itself disqualify you for employment.)



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Military Service

Branch: _____ Entry Date: _____ Discharge Date: _____

Indicate specific experienced or training that is job related:

Educational Record

| School | Name and address of School | Course of Study | Completed | Graduate |
|--------------------|----------------------------|-----------------|-----------|----------|
| Elementary | | | _____ | _____ |
| High School | | | _____ | _____ |
| College | | | _____ | _____ |
| Other (specify) | | | _____ | _____ |

Special Training (Licenses or certificates held)

Other Qualifications:



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Employment Record

Present or Last Employer: _____ Telephone: _____
Address: _____ Job Title: _____
Duties: _____
Immediate Supervisor: _____ May we contact this employer? _____
Starting Salary: _____ per _____ Date Employed: _____
Present Salary: _____ per _____ Date Left: _____
Reason for Leaving: _____

Previous Employer: _____ Telephone: _____
Address: _____ Job Title: _____
Duties: _____
Immediate Supervisor: _____ May we contact this employer? _____
Starting Salary: _____ per _____ Date Employed: _____
Final Salary: _____ per _____ Date Left: _____
Reason for Leaving: _____

Previous Employer: _____ Telephone: _____
Address: _____ Job Title: _____
Duties: _____
Immediate Supervisor: _____ May we contact this employer? _____
Starting Salary: _____ per _____ Date Employed: _____
Final Salary: _____ per _____ Date Left: _____
Reason for Leaving: _____

Previous Employer: _____ Telephone: _____
Address: _____ Job Title: _____
Duties: _____
Immediate Supervisor: _____ May we contact this employer? _____
Starting Salary: _____ per _____ Date Employed: _____
Final Salary: _____ per _____ Date Left: _____
Reason for Leaving: _____

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Additional Information

If you have any additional information or comments which you feel will help determine your suitability for this position, please use the space provided below or an extra sheet of paper if necessary.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Read Carefully Before Signing

I certify that facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the City of Ada to investigate any information included in the application and agree to submit to medical examination if required. I hereby consent to a drug screen and/or alcohol test and understand that upon a drug screen and/or test result of positive, my application for employment with the City shall be deemed withdrawn. I understand that this application is not a contract of employment. I hereby release the City and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand, that if employed, false or misleading statements given in this application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the City of Ada.

Signature

Date



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Authorization For Prior Employer to Release Information

The undersigned, hereby authorizes my prior employers and personal references, as set forth below, to release any and all information relating to my employment and personal relationship with them, to the City of Ada, Oklahoma. I further release and hold harmless both such employers, personal references, and the City of Ada from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer or personal references will be held in strict confidence, that it will be viewed only by those involved in the decision to hire, and that neither I nor anyone else not so involved will have the right to see the information.

Applicant Signature

Date

Witness Signature

Date

Former Employers

| Company | Address | Telephone | Hire Date | Final Date |
|---------|---------|-----------|-----------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Personal References

List three refereneces excluding relatives or former employers:

Name

Address

Telephone



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Addendum to Employment Application

Answer the following:

Do you have any action pending that could potentially affect your driving privileges and/or your ability to lawfully operate city vehicles or city equipment? _____

If so, Explain:

Applicant Signature

Date



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Equal Opportunity Pre-Employment Survey

Please be aware that you are not obligated to complete this form, and that any information you do provide voluntarily will be treated confidentially.

In order to comply with federal and state equal employment opportunity record keeping, reporting and other legal requirements, the City of Ada is required to maintain records as part of its affirmative action program. The information will be retained only for the purpose of monitoring the success of our affirmative action program and will not be used for or have any effect on any hiring decision.

Name: _____ Gender: _____ Date: _____
Position Applied For: _____ Referred By: _____

Race/Ethnic Group

(indicate one and only one)

- | | |
|----------------------------------|--|
| White | (not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East. |
| Black | (not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa. |
| Hispanic | All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race. (Portuguese are excluded from the Hispanic category) |
| American Indian / Alaskan Native | All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliations or community recognition. |
| Asian / Pacific Islander | All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (for example, China, Japan, Korea, the Philippine island and Somoa. Also included in this category are the persons having origins in any of the original people of the Indian subcontinent (for example, India, Bangladesh, Bhutan, Pakistan, Nepal, Sikkim and Sri Lanka). |

For EEO-1 reporting, please select the one category that most identifies your Race/Ethnic Identification:

| | | | |
|-----------------------------------|----------|-------------------|---------------------------|
| White | Black | Hispanic | Asian or Pacific Islander |
| American Indian or Alaskan Native | Hawaiian | Two or more Races | |



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Invitation to Self Identify as a Protected Veteran Pre-Employment

This employer is a Government contractor to the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2003, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

"Disabled Veteran" would mean a veteran who:

1. Is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensations) under laws administered by the Secretary of Veterans Affairs, or
2. Was discharged or released from active duty because of a service-connected disability.

"Recently Separated Veteran" would mean a veteran who served on active duty in the United States military, ground, naval, or air service, during the three-year period beginning on the date of such veteran's discharge or release from active duty.

"Active Duty Wartime or Campaign Badge Veteran" would mean a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expeditions for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

"Armed Forces Service Medal Veteran" would mean a veteran who while serving on active duty in the United States military, ground, naval or air service, participated in the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA-the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Services (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as on or more of the classifications of protected Veteran listed above.

I am not a protected veteran.



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Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 01-31-2017

Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical Condition.

Disabilities include, but are not limited to:

| | | | |
|-----------|--------------------|------------------------|--|
| Blindness | Autism | Bipolar disorder | Post-traumatic stress diorder (PTSD) |
| Deafness | Cerebral palsy | Major depression | Obsessive complusive disorder |
| Cancer | HIV/AIDS | Mulitple sclerosis MS | Impairments requiring the use of a wheelchair |
| Diabetes | Schizophrenia | Missing Limbs or | Intellectual disability (previously called mental retardation) |
| Epilepsy | Muscular dystrophy | partialy missing limbs | |

Please check one of the boxes below:

Yes, I have a disability (or previously had a disability)

No, I do not have a disability

Signature

Date



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Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedure, providing documents in an alternate format, using a sign language interpreter, using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.