



# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

The City of  
**OKLAHOMA CITY**  
PERSONNEL SERVICES  
420 W. Main, Suite 110  
Oklahoma City, OK 73102

Main: 405/297-2530  
Fax: 405/297-2137  
www.okc.gov/jobs  
TDD: 405/297-2549  
Job Line: 405/297-2419

FOR DEPARTMENT USE ONLY

PLEASE PRINT YOUR FULL LEGAL NAME

Last Name		First Name		M.I.	Social Security No.	
Address		City	State	Zip Code	Work Telephone	Home Telephone
Email Address					Cell	
Alternate Contact Name and Telephone					<input type="checkbox"/> Cell	<input type="checkbox"/> Work <input type="checkbox"/> Home

Position Desired		How did you learn about the job for which you are applying?			
Are you presently employed by The City of Oklahoma City? Yes <input type="checkbox"/> No <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		Employee I.D. Number		Are you under 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been employed by The City of Oklahoma City? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, where and when?			
Have you ever lived, worked, or attended school in a state other than Oklahoma? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		If not, do you have a legal right to live and work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a current Oklahoma Driver License? If so, show type and number (answer only if required for position) License Type CDL: Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Operators: Class D <input type="checkbox"/> License Number:					
Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of military training			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If so, when (year) _____ and where (county/state) _____					
Nature of conviction(s): _____					

**EDUCATION** Please describe below any education or training you have received which would qualify you for the job for which you are applying. (Transcripts may be required).

NAME OF SCHOOL	LOCATION	AREAS OF STUDY	Did you graduate?	TYPE OF DEGREE
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical/Trade			Yes <input type="checkbox"/> No <input type="checkbox"/>	

**EXPERIENCE** Must be completed by all applicants (Current or last employer first). Continue on back

Company name and address		Job title	
		Starting Date (Month/Year)	
Description of work performed		Ending Date (Month/Year)	
		Starting Salary	Ending Salary
		Reason for leaving	
Number and type of employees you supervised		Your supervisor's name & telephone	

## VOLUNTARY APPLICANT SURVEY

The City of Oklahoma City adheres to the equal employment opportunity guidelines set forth by state and federal laws. This information is sought in good faith, will be used for statistical purposes, and will be treated as confidential information. This information will not be used in any way to discriminate against any applicant for employment. Please provide accurate information. This information is optional. This will be separated before your application is processed.

TODAY'S DATE			VETERAN	DATE OF BIRTH			SEX	SOCIAL SECURITY NUMBER					RACE OR ETHNIC GROUP		
MO	DA	YR	Y/N	MO	DA	YR	M/F			-					<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HH-Hispanic B-Black A-Asian N-Native Hawaiian or Other Pacific Islander I-American Indian/Alaska Native C-White T-Two or more races

Company name and address		Job title	
		Starting Date (Month/Year)	
Description of work performed		Ending Date (Month/Year)	
		Starting Salary	Ending Salary
		Reason for leaving	
Number and type of employees you supervised	Your supervisor's name & telephone		

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		Starting Date (Month/Year)	
Description of work performed		Ending Date (Month/Year)	
		Starting Salary	Ending Salary
		Reason for leaving	
Number and type of employees you supervised	Your supervisor's name & telephone		

Please list any additional skills, certificates or licenses you possess: \_\_\_\_\_

Please **read** the following information **carefully**, then **sign** and **date** below.

**Neptism Policy:** Personnel Policy, Article 200, Section 210, prohibits an immediate family member from hiring, promoting or supervising another family member. This Policy also prohibits the hiring of any immediate family member of the Mayor, a City Council member or the City Manager. Please list in the space below any family members who work for the City of Oklahoma City.

\_\_\_\_\_

**Accuracy of Information:** Please review each page to make sure all parts are correct and complete. I understand my eligibility will be based on the information contained on the application and any attachments.

**Falsification of Information:** I hereby certify that all statements made on this application are true and correct and I understand that any false, incomplete, or incorrect statement made by me on this application and any attachments could cause me to be ineligible for employment or terminated from employment.

**Verification of Information:** I authorize the City of Oklahoma City to investigate and verify the facts claimed by me on this application and any attachments. I further authorize my current and former employers to provide any information requested by the City of Oklahoma City. I understand my refusal to sign any forms or otherwise authorize a background investigation will result in my disqualification for further consideration in the hiring process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you require reasonable accommodation at any time during the hiring process, please notify one of our personnel representatives to make arrangements.