

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

The City of Harrah

PO Box 636

19625 NE 23rd Street

Harrah, OK 73045

Web-site: www.cityofharrah.com

405-454-2951

Fax: 405-454-2130

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

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. On Yes or No questions, please circle the appropriate answer.

Last Name	First Name	M.I.
Social Security No.		
Address		
City	State	Zip
Home Phone	Mobile Phone	
Day Phone	Evening Phone	
e-mail address		

Alternate Contact Name
Relationship Phone

Position Applying for:
If applying for Fire Department position, are you between the age of 18 and 45?
Yes No (State Fire Fighter Pension requirement)
If applying for Police Department position, are you between the age of 21 and 45?
Yes No (State Police Pension requirement)

Have you ever applied for a position with the City of Harrah? Yes date: No

Are you able to work ___ Full Time ___ Part Time ___ Nights ___ Weekends
On what date would you be available to being working?

Are you a citizen of the United States? Yes No
If not, do you have a legal right to live and work in the U.S.? Yes No

Do you have a current OK drivers license? #
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Military Service? Yes No	Date entered	Date separated
Type of military training:		
Type of discharge?		

Have you ever been convicted of a felony? Yes No
If so, when (year) and where (county/state)
Nature of conviction(s)

Nepotism Policy-City of Harrah Charter, Article 8, Section 8-3, Neither the City Manager, the Mayor, the City Council, nor any other authority of the City Government, shall appoint or elect any person related to the Mayor or any other Council Member, to the City Manager, or to himself, or, in the case of a plural authority, to one of its members, by blood, marriage or adoption within the third degree, to any office or position of profit in the City Government; but this shall not prohibit an officer or employee already in the service of the City from continuing therein.

Please list the names of any City of Harrah employees you are related to and your relationship to them:

After reviewing the essential job functions, are you able to perform them with or without accommodations? Yes No

In addition, review the minimum qualifications and provide us with prior education, work experience, and any relevant training or certificates and licenses that would indicate your knowledge, skills, and abilities to perform the job. Be as specific as possible since you will be screened on what you include regardless of what you might otherwise be able to perform.

EDUCATION

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

Name of School	Location	Areas of Study	Did you graduate?	Type of Degree
High School				
College				
Technical/Trade				

Please list any additional skills, certificates or licenses you possess (copies will be required) _____

EXPERIENCE

Must be completed by all applicants (Current or last employer first)

May we contact your present Employer? Yes No

Company Name	Job Title
Address	
City	State
Zip	
Start Date (Month/Year)	Ending Date (Month/Year)
Starting Salary	Ending Salary
Reason for leaving	
Supervisor's name	Phone Number

Company Name	Job Title
Address	
City	State
Zip	
Start Date (Month/Year)	Ending Date (Month/Year)
Starting Salary	Ending Salary
Reason for leaving	
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Company Name	Job Title
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Company Name		Job Title
Address		
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Start Date (Month/Year)		Ending Date (Month/Year)
Starting Salary		Ending Salary
Reason for leaving		
Supervisor's name		Phone Number

Company Name		Job Title
Address		
City	State	Zip
Start Date (Month/Year)		Ending Date (Month/Year)
Starting Salary		Ending Salary
Reason for leaving		
Supervisor's name		Phone Number

Company Name		Job Title
Address		
City	State	Zip
Start Date (Month/Year)		Ending Date (Month/Year)
Starting Salary		Ending Salary
Reason for leaving		
Supervisor's name		Phone Number

REFERENCES

Give the names of five responsible persons, other than relatives or past employers, who can provide information about your character, ability, experience, personality, or other qualities.

Name	Address	Telephone Number
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

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.

Drug Screening: I understand that the City of Harrah has a mandatory drug screen program for job applicants who are offered employment. If I am offered employment by the City of Harrah, I understand I will be required to provide a urinalysis sample and /or blood test for drug screening purposes. The screen will be to identify the presence of controlled or other prohibited substances. Failure of the drug screen or refusal to submit to the screen will result in denial of employment.

5

This application is current for only the job specified and for a period of one year. At the conclusion of this time, if I have not heard from the City of Harrah and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that, just as I am free to resign at any time, my employment and compensation is terminable at-will. The City of Harrah may terminate my employment at any time and for any reason whatsoever, with or without good cause and without prior notice. I understand that no representatives of the City of Harrah have the authority to make any assurances to the contrary.

I hereby acknowledge that I have read the above statements and understand the same.

APPLICANT:

Print Name: _____

Signature: _____

Date: _____

The attached “Authorization For Release of Information” must be signed and returned with application.

AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant hereby authorizes the **City of Harrah** and its agents to examine and review all documents pertinent to an analysis of my application for employment. I understand that any false statements or misrepresentations by me will result in the **City of Harrah** rejecting my application and/or will result in the separation of my relationship with **City of Harrah** if I have been employed at the time that the false information or misrepresentation is discovered.

I authorize all of my prior employers and educational institutions to furnish any information, documents or transcripts requested by the **City of Harrah** in connection with my application for employment. I hereby release any person or entity providing any such information pursuant to this Release from any and all claims and liabilities whatsoever which may arise out of or be associated in any way with the release of the requested information. I also hereby release the **City of Harrah** from any and all claims or liabilities whatsoever which in any way may arise out of or be associated with obtaining, considering, using or retaining the information received pursuant to this release.

Signature of Applicant

Date: _____