

**CITY OF MUSKOGEE, OKLAHOMA**  
**APPLICATION FOR EMPLOYMENT**

(PLEASE PRINT PLAINLY)

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion or national origin. Title 8, Civil Rights Act of 1964; Title 6, Civil Rights Act of 1974; Executive Order 11246; Executive Order 12067; Executive Order 11375; Executive Order 12550; Public Law 90-202; Public Law 93-112; and the Americans with Disabilities Act; As amended prohibit discrimination. The laws of some states prohibit some or all of the above mentioned types of discrimination.

PERSONAL Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
No. Street City State Zip

How many years have you lived at this address? \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Previous Address \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
No. Street City State Zip

Job(s) applied for 1. \_\_\_\_\_ Rate of Pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

2. \_\_\_\_\_ Rate of Pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

Do you want to work (circle) Full-Time or Part-Time Specify days and hours if part-time \_\_\_\_\_

Have you worked for the City before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working for the City \_\_\_\_\_

If hired, when will you be available to start? \_\_\_\_\_

**NOTICE**

*It is the policy of the City of Muskogee that pre-employment physicals will include a drug screen. A positive finding will preclude your employment with the City. If a positive finding is the result of a prescription drug prescribed by your physician, your employment with the City will not be affected.*

*I have read the above notice and hereby state that I understand same:*

\_\_\_\_\_  
Signature of Applicant Date

Have you ever been convicted of a felony crime? (circle) No Yes

If yes, describe in full \_\_\_\_\_

*Person to be notified in case of an accident or emergency.*

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

*The City of Muskogee believes in the principle and practice of equal employment opportunity, and intends to comply with the letter and spirit of federal and state (local) laws and regulations prohibiting discrimination on the basis of race, color, sex, age, religion, national origin or handicapped status. On the job discrimination against others for reasons of race, color sex, age, religion, national origin or handicapped status will be considered a violation of this principle and will not be permitted.*

*An Equal Opportunity Employer*

# TO THE APPLICANT:

Do not answer any question contained in THIS blocked-off area unless the employer has checked the box next to the question, thereby indicating that the requested information is needed for a bona fide occupational qualification, national security laws, or other legally permissible reasons. If you are applying for the Police or Fire Departments, please check box No. 1 regarding age.

- Are you over the age of twenty-one? \_\_\_\_\_ If no, hire is subject to verification that you are of minimum legal age.
- Sex: M \_\_\_\_\_ F \_\_\_\_\_  Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.  Weight: \_\_\_\_\_
- Marital Status: Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_
- Date of Marriage \_\_\_\_\_  Number of dependents including yourself \_\_\_\_\_  Are you a citizen of the U.S.A.? \_\_\_\_\_
- What is your present Selective Service classification? \_\_\_\_\_
- Indicate dates you attended school:

Elementary \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_  
From To From To From To

Other (Specify type of School) \_\_\_\_\_  
From To

- Have you ever been bonded? \_\_\_\_\_ If yes, on what jobs? \_\_\_\_\_

Employer may list other bona fide occupational questions on line below:

\_\_\_\_\_

## MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_  
Month Day Year Month Day Year

List duties in Service including special training \_\_\_\_\_

Have you ever taken any training under the G.I. Bill of Rights? \_\_\_\_\_ If yes, what training did you take? \_\_\_\_\_

## EDUCATION BACKGROUND

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate	List Diploma or Degree
Elementary		<del>X</del>	5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	<del>X</del>
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the City?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# EMPLOYMENT HISTORY:

## LIST BELOW

BEGINNING WITH THE MOST RECENT, ALL PRESENT AND PAST EMPLOYMENT

1	Total Time Employed
Employing Firm _____	Yrs. ____ Mos. ____
Address _____	From: _____
Your Title _____ Name of Supervisor _____	To: _____
Specific Duties _____	Starting Pay: _____
_____	Ending Pay: _____
Reason for Leaving _____	

2

Employing Firm _____	Yrs. ____ Mos. ____
Address _____	From: _____
Your Title _____ Name of Supervisor _____	To: _____
Specific Duties _____	Starting Pay: _____
_____	Ending Pay: _____
Reason for Leaving _____	

3

Employing Firm _____	Yrs. ____ Mos. ____
Address _____	From: _____
Your Title _____ Name of Supervisor _____	To: _____
Specific Duties _____	Starting Pay: _____
_____	Ending Pay: _____
Reason for Leaving _____	

4

Employing Firm _____	Yrs. ____ Mos. ____
Address _____	From: _____
Your Title _____ Name of Supervisor _____	To: _____
Specific Duties _____	Starting Pay: _____
_____	Ending Pay: _____
Reason for Leaving _____	

Do you have any objection to our contacting your present employer at this time concerning your qualifications? Yes \_\_\_\_ No \_\_\_\_

**PERSONAL REFERENCES** (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his complete background. You may use the space below to summarize any additional information necessary to describe your full qualifications.

Thank you for completing this application form and for our interest in employment with us. We would like to assure you that your opportunity for employment with the City will be based on your merit and ability.

The City of Muskogee believes in the principle and practice of equal employment opportunity, and intends to comply with the letter and spirit of federal, state and local laws and regulations prohibiting discrimination on the basis of race, color, sex, age, religion, national origin or handicapped status.

The City has adopted an Affirmative Action Plan which is available to the public for the inspection in the Offices of Personnel and the City Clerk.

Any applicant for employment with the City who believes he or she has encountered discrimination because of race, color, religion, sex, national origin, or handicap status is encouraged to discuss the problem with the Equal Employment Opportunity Officer (Personnel Director). Should the applicant not receive satisfaction through the Equal Employment Opportunity Officer, he may then request a review by the City Manager who shall have 10 working days to review and decide the complaint. If the complaint is unresolved, the applicant may appeal, without fear of reprisal, to the Equal Employment Advisory Committee consisting of management and non-management employees of the City no later than fifteen days after written notice has been mailed by the Personnel Office advising of the City's decision not to hire the applicant.

This local remedy is in addition to any state or federal remedy provided by law.

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.\*

Signature of Applicant \_\_\_\_\_

\*NOTE: the Provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.

---



---

**APPLICANT: DO NOT WRITE BELOW THIS LINE**

INTERVIEWER	DATE	COMMENTS

TEST ADMINISTERED	DATE	RAW SCORE	COMMENTS AND INTERPRETATION