

EMPLOYMENT APPLICATION

CITY OF BETHANY
PO BOX 219
BETHANY OK 73008

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

The City of Bethany does not discriminate on the basis of race, religion, color, sex, national origin, age, marital status, income level, political affiliation or disability status in employment or provision of services.

POSITION DESIRED: _____ DATE AVAILABLE TO WORK: _____

WILL YOU WORK (check): FULL TIME PART TIME OVERTIME SHIFTS

LAST NAME: _____ FIRST: _____ MI: _____ SOCIAL SECURITY NUMBER: _____

STREET ADDRESS: _____ HOME PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ WORK PHONE: _____

ARE YOU CURRENTLY EMPLOYED BY THE CITY OF BETHANY? YES NO

IF NO, HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF BETHANY? YES NO

COMPLETE IF CURRENTLY OR PREVIOUSLY EMPLOYED BY THE CITY OF BETHANY:

DEPT/DIVISION: _____ FROM (DATE): _____ TO (DATE): _____

ARE YOU RELATED TO ANY EMPLOYEE OR COUNCIL MEMBER? YES NO

IF YES, GIVE RELATIVE'S NAME, POSITION, AND RELATIONSHIP: _____

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

VERIFICATION WILL BE REQUIRED UPON EMPLOYMENT.

FAILURE TO FURNISH DOCUMENTATION WILL BE CAUSE FOR SEPARATION.

IF UNDER 18, YOU MAY BE REQUIRED TO PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK.

POLICE OFFICER APPLICANTS ONLY: ARE YOU 21 YEARS OF AGE? YES NO

FIREFIGHTER APPLICANTS ONLY: ARE YOU 21 YEARS OF AGE? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 10 YEARS? YES NO

IF YES, STATE YEAR AND NATURE OF OFFENSE: _____

HAVE YOU EVER SERVED IN THE MILITARY? YES NO

IF YES, DATE ENTERED: _____ DATE DISCHARGED: _____

REASON FOR DISCHARGE: _____

COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR A POSITION REQUIRING OPERATION OF A CITY VEHICLE.

DO YOU HOLD A CURRENT OKLAHOMA DRIVERS LICENSE: YES NO

IF YES, GIVE NUMBER: _____ EXPIRATION DATE: _____

OPERATOR: CLASS D COMMERCIAL: CLASS C CLASS B CLASS A

JOB FINALISTS WILL BE REQUIRED TO OBTAIN A COPY OF THEIR DRIVING RECORD AT THEIR EXPENSE.

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? YES NO

IF YES, STATE REASON: _____

WITHIN THE LAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF OR PLEAD GUILTY TO:

RECKLESS DRIVING? YES NO

THREE (3) CITATIONS FOR SPEEDING: YES NO

DRIVING UNDER THE INFLUENCE OF ALCOHOL OR NARCOTICS? YES NO

EDUCATION - THESE SECTIONS MUST BE COMPLETED TO BE PROCESSED

SCHOOL NAME	CITY / STATE	COURSE OF STUDY / MAJOR	DID YOU GRADUATE?	CERTIFICATE / DEGREE / DATE OBTAINED
			___ YES ___ NO	
			___ YES ___ NO	
			___ YES ___ NO	

PROFESSIONAL REGISTRATIONS, PROFESSIONAL SEMINARS, APPRENTICESHIPS AND ON THE JOB TRAINING

Give names, dates, and locations:

NOTE: PLEASE COMPLETE APPLICABLE AREAS OF THE "SKILLS INVENTORY" LOCATED AT THE BACK OF THIS APPLICATION FORM.

WORK EXPERIENCE

LIST THE JOBS YOU HAVE HELD (Begin with your present / most recent job)

ADDRESS:	CITY:	STATE:	ZIP CODE:
EMPLOYER NAME:	TELEPHONE NUMBER:	SUPERVISOR'S NAME:	
JOB TITLE:	DESCRIPTION OF DUTIES:		
SALARY:			
START DATE:	ENDING DATE:		
NUMBER OF EMPLOYEES UNDER YOUR SUPERVISION:			
REASON FOR LEAVING:			

2ND MOST RECENT JOB

ADDRESS:	CITY:	STATE:	ZIP CODE:
EMPLOYER NAME:	TELEPHONE NUMBER:	SUPERVISOR'S NAME:	
JOB TITLE:	DESCRIPTION OF DUTIES:		
SALARY:			
START DATE:	ENDING DATE:		
NUMBER OF EMPLOYEES UNDER YOUR SUPERVISION:			
REASON FOR LEAVING:			

3RD MOST RECENT JOB

ADDRESS:	CITY:	STATE:	ZIP CODE:
EMPLOYER NAME:	TELEPHONE NUMBER:	SUPERVISOR'S NAME:	
JOB TITLE:	DESCRIPTION OF DUTIES:		
SALARY:			
START DATE:	ENDING DATE:		
NUMBER OF EMPLOYEES UNDER YOUR SUPERVISION:			
REASON FOR LEAVING:			

4TH MOST RECENT JOB

ADDRESS:	CITY:	STATE:	ZIP CODE:
EMPLOYER NAME:	TELEPHONE NUMBER:	SUPERVISOR'S NAME:	
JOB TITLE:	DESCRIPTION OF DUTIES:		
SALARY:			
START DATE:	ENDING DATE:		
NUMBER OF EMPLOYEES UNDER YOUR SUPERVISION:			
REASON FOR LEAVING:			

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any false or misleading information given by me on this application or throughout the selection process could cause me to be ineligible for or terminated from employment. To assist in determining my qualifications and fitness to perform the duties of this position or any position with the City of Bethany, I authorize the City of Bethany to investigate and verify information obtained through this application and the selection process. I hereby release the City of Bethany and its agents from all liability in making such investigations and inquiries. Furthermore, I release my employers, schools, or persons from all liability in responding to inquiries in connection with my application.

If after reviewing my application form, verifying my responses, and conducting necessary interviews or tests, I am considered for the job and would need reasonable accommodation to perform the essential job functions, the parties will explore these alternatives. I further understand that the City may conduct a medical exam to determine whether I can do the essential functions of the job without substantial risk to myself and the public.

In the event of employment, I understand that overtime for non-exempt employees shall be compensated at time and one-half pay or time off at the City's option. I further understand that I am required to abide by all rules and regulations of the City. I understand that this is not a contract for employment.

DATE: _____ APPLICANT SIGNATURE: _____

SKILLS INVENTORY

NAME: _____ DATE: _____

Please mark any of the following skills, licenses, and certifications you possess that are most relevant to the job(s) you are seeking with the City of Bethany.

PROFICIENCY, CERTIFICATIONS AND LICENSES IN SKILLED TRADES:

- Plumbing License # _____
- Carpentry
- Electrical License # _____
- Heat & Air License # _____
- Auto Mechanics
- Electronics
- Drafting
- Surveying
- Water Works Operations
- Level of Certification _____
- Certification # _____
- Sewage Works Certification
- Level of Certification _____
- Certification # _____
- Other: _____
- Other: _____

EQUIPMENT OPERATION:

- Jack Hammer
- Jetter
- Heavy/Tank Truck
- Dozer
- Front End Loader
- Backhoe
- Tractor with Attachments
- Grader
- Other: _____
- Other: _____
- Other: _____
- Other: _____

PLEASE LIST ANY OTHER SPECIAL SKILLS, CERTIFICATES, AND/OR LICENSES YOU POSSESS:

OFFICE SKILLS AND BUSINESS MACHINE PROFICIENCY

- 10 Key (by touch)
- Cash Register
- Electronic Typewriter
- Word Processor
- Microfilm
- Duplicating Equipment
- Multi-line Phone
- Two-way Radio
- Dictaphone
- Typing at _____ WPM
- Shorthand at _____ WPM
- Bookkeeping
- Other: _____
- Other: _____

COMPUTER SKILLS:

- Computer Terminal (CRT)
- Personal Computer - Types: _____

SOFTWARE SKILLS:

- Q & A
- WordPerfect
- Lotus
- CAD
- Macintosh
- Desktop Publishing
- Dbase
- Other: _____
- Other: _____

PUBLIC SAFETY CERTIFICATIONS:

- First Aid
- CPR
- Red Cross Water Safety Instruction
- Advanced Lifesaving
- Red Cross Lifeguard
- Swimming Pool Operation
- National Registry EMT
- National Registry EMT - Defib
- CLEET Certified Police Officer
- Emergency 911 Dispatch
- Other: _____
- Other: _____

APPLICANT PROFILE

To help us comply with Federal and State equal employment opportunity record keeping, reporting and other legal requirements, please answer the questions below. completion of this form is voluntary and the information will be kept in a confidential file separate from the application for employment.

Qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital status, or disability.

Position Applied For:	Date:
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How did you learn about this vacancy?		
<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> City Employee	<input type="checkbox"/> Walk-in
<input type="checkbox"/> School Placement Office	<input type="checkbox"/> Friend	<input type="checkbox"/> Other: _____

Last Name:	First:	Middle:	Social Security Number:
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Street Address:	Home Phone:
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City:	State:	Zip Code	Work Phone:
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Sex:	Birth Date:	Age:	Veteran:	Disabled:
<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Race / Ethnic Group:		
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian Pacific Islander	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black	<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Other _____

Marital Status:	No. of Children:	Spouse's Name:
<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced		