

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): <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> OVERTIME <input type="checkbox"/> SHIFTS			
LAST NAME:	FIRST:	MI:	
STREET ADDRESS:		HOME PHONE:	
CITY:	STATE:	ZIP:	WORK PHONE:
ARE YOU CURRENTLY EMPLOYED BY THE CITY OF BETHANY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF NO, HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF BETHANY?		<input type="checkbox"/> YES	<input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, GIVE RELATIVE'S NAME, POSITION, AND RELATIONSHIP:			
ARE YOU A CITIZEN OF THE UNITED STATES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF NOT, DO YOU HAVE A LEGAL RIGHT TO LIVE AND WORK IN THE U.S.?		<input type="checkbox"/> YES	<input type="checkbox"/> 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.			
HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 10 YEARS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, STATE YEAR AND NATURE OF OFFENSE:			
HAVE YOU EVER SERVED IN THE MILITARY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, DATE ENTERED: _____		DATE DISCHARGED: _____	
REASON FOR DISCHARGE:			
DO YOU HOLD A CURRENT OKLAHOMA DRIVERS LICENSE:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, GIVE NUMBER: _____		EXPIRATION DATE: _____	
OPERATOR: <input type="checkbox"/> CLASS D	COMMERCIAL: <input type="checkbox"/> CLASS C	<input type="checkbox"/> CLASS B	<input type="checkbox"/> CLASS A
HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, STATE REASON:			
WITHIN THE LAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF OR PLEAD GUILTY TO:			
RECKLESS DRIVING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
THREE (3) CITATIONS FOR SPEEDING:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DRIVING UNDER THE INFLUENCE OF ALCOHOL OR NARCOTICS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
POLICE OFFICER APPLICANTS ONLY:	ARE YOU 21 YEARS OF AGE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FIREFIGHTER APPLICANTS ONLY:	ARE YOU 21 YEARS OF AGE?	<input type="checkbox"/> YES	<input type="checkbox"/> 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

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

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)
- Typing at _____ WPM
- TTD Communications
- Multi-Function Copier
- Multi-line Phone
- Electronic Typewriter
- Payroll
- Bookkeeping
- Other: _____
- Other: _____
- Other: _____

COMPUTER/SOFTWARE SKILLS:

- Microsoft Windows OS
- Apple OS
- Hardware Nomenclature
- Microsoft Word
- Microsoft Excel
- Microsoft Access
- Microsoft Powerpoint
- Microsoft Outlook
- Adobe Acrobat
- Web Design
- Graphic Design
- Networking
- Coding
- Other: _____
- 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: _____
- 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:		
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:		
Street Address:			Home Phone:		
City:		State:	Zip Code:	Work Phone:	
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					