

Application For Employment



Checotah Public Works Authority City of Checotah

The City of Checotah/Checotah Public Works Authority is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application:	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	_____
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s) Home	Cell	Social Security Number _____ / _____ / _____	

If you are under the age of 18, can you provide required proof of your eligibility to work? Yes [] No []

If hired, would you be able to present evidence that you legally can work in the United States? Yes [] No []

Have you ever filed an application with us before? Yes [] No []
If yes, give date _____

Have you ever been employed with the City of Checotah / Checotah Public Works Authority before? Yes [] No []
If yes, give date _____

Are you currently employed? Yes [] No []

May we contact your current employer? Yes [] No []

On what date would you be able for work? _____

Are you able to work: Full time [] Part time [] Temporary [] Seasonal [] Summer Youth Program []

Are you currently on "Lay-off" status and subject to recall? Yes [] No []

Can you travel if a job requires it? Yes [] No []

Do you have any friends, relatives, or acquaintances working for the City of Checotah / Checotah Public Works Authority? Yes [] No []

If yes, state name and relationship: _____

If hired would you have transportation to/from work? Yes [] No []

If hired, are you willing to submit to and pass a controlled substance test? Yes [] No []

Have you ever been convicted of a criminal offence? (felony or misdemeanor) Yes [] No []

If yes, please describe the crime – state nature of the crime(s), when and where convicted and disposition of the case.

Do you have a valid Drivers Licenses

Yes [] No []

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodations?

Yes [] No []

If no, describe the functions that cannot be performed

***Specialized Skills
Skills/Equipment Operated***

List skills relevant to the position for

SKILLS

Backhoe [] Road Grader [] Bulldozer [] any other heavy equipment? _____

For Office/Administrative positions only Typing WPM: _____ 10-Key: [] Yes [] No

Computer Proficiency: [] Word for Windows [] Excel [] Others: _____

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States Military

Education

School	Name	Did you Graduate?	Degree
High School -		Yes/No	
Address			
College -		Yes/No	
Address			
Trade School-		Yes/No	
Address			
Other -		Yes/No	
Address			

Previous Employment

Company	Phone Number ()		
Address	Supervisor		
Job Title	Per hour \$	Starting rate \$	Ending rate \$
From	To	/ Reason for leaving	
May we contact your supervisor for a reference? Yes [] No []			

Company	Phone Number ()		
Address	Supervisor		
Job Title	Per hour \$	Starting rate \$	Ending rate \$
From	To	/ Reason for leaving	
May we contact your supervisor for a reference? Yes [] No []			

Company	Phone Number ()		
Address	Supervisor		
Job Title	Per hour \$	Starting rate \$	Ending rate \$
From	To	/ Reason for leaving	
May we contact your supervisor for a reference? Yes [] No []			

Company	Phone Number ()		
Address	Supervisor		
Job Title	Per hour \$	Starting rate \$	Ending rate \$
From	To	/ Reason for leaving	
May we contact your supervisor for a reference? Yes [] No []			

References

Name	Address	Phone Number

**Authorization to Obtain a Consumer Credit Report and
Release of Information for Employment Purposes**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize **City Of Checotah/Checotah Public Works Authority** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize **City Of Checotah/Checotah Public Works Authority** and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release **City Of Checotah/Checotah Public Works Authority** and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicants wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at the time.

I hereby understand and acknowledge that, unless otherwise defined by law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at anytime and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

NOTES
