



CITY OF ANADARKO

Employment Application

Human Resource Department
 501 West Virginia Ave.
 PO Box 647
 Anadarko, OK 73005
 Phone: 405-247-7819
 Fax: 405-247-5903
 Website: www.cityofanadarko.org

An Equal Opportunity Employer

Applicant Information

Full Name:						Date:				
<i>Last</i>				<i>First</i>		<i>M.I.</i>				
Address:										
<i>Street Address</i>						<i>Apartment/Unit #</i>				
CITY:										
<i>City</i>						<i>State</i>		<i>ZIP Code</i>		
Phone:	()			E-mail Address:						
Date Available:						Desired Salary:		\$		
Position Applied for:										
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for the City?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?						
Have you been convicted of a felony in the last 7 years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you hold a valid OK driver license? YES <input type="checkbox"/> NO <input type="checkbox"/>						
If yes, explain:		If yes give type and number:								
Are you related to any City employee or any member of the City Council? If yes give name. Yes <input type="checkbox"/> NO <input type="checkbox"/>										
If you are under 18 years old, can you provide proof of your eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/>										

Education

High School:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

List any special or computer skills, certificates, licenses, or languages not mentioned or equipment you are qualified to operate:

Professional References

Please list three **professional** references.

Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Current or Previous Employment

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Military Service			
Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			

Disclaimer and Signature

DRUG SCREEN INFORMATION	
<p>To assist in providing a drug free workplace, the CITY OF ANADARKO has a mandatory drug screen program for job applicants who are offered employment. All job offers are subject to a negative drug screen.</p> <p>If you are offered employment by the City department or division, you will be required to provide a urinalysis sample for drug screen purposes. The screen will be to identify the presence of controlled or other prohibited substances. Failure of the drug screen will result in denial of employment. Additional information on this program may be obtained by submitting a written inquiry to: Human Resources Director, CITY OF ANADARKO, 501 W Virginia Ave, Anadarko, OK 73005.</p>	
<p><i>I certify that my answers are true and complete to the best of my knowledge. I hereby grant to the CITY OF ANADARKO permission to investigate any information included in the application and I agree to submit to medical examination, background checks and drug screening, if required. I understand that this application is not a contract for employment.</i></p> <p><i>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I acknowledge that I have read and understand this agreement.</i></p>	
Signature:	Date:

VOLUNTARY AFFIRMATIVE ACTION SURVEY

Voluntary Applicant Survey

The City of Anadarko adheres to the equal employment opportunity guidelines set forth by state and federal laws. This information is sought in good faith and is for analysis of affirmative action only. Submission of this information is confidential and will be removed immediately upon receipt of this application. Qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, disability, martial or veteran status.

Date of Birth _____ Sex M____ FM____
(MM/DD/YYYY)

Race/Ethnic Group:

- White
- African-American
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Other/Two or More Races

Check any of the following that are applicable:

- Vietnam or Desert Storm Era Veteran
- Disabled Veteran
- Handicapped Individual

Position Desired _____

THIS INFORMATION IS STRICTLY VOLUNTARY