



CITY OF ARDMORE APPLICATION FOR EMPLOYMENT

CITY OF ARDMORE HUMAN RESOURCES DEPARTMENT
P.O. BOX 249
ARDMORE, OKLAHOMA 73402
PHONE 580-223-3425 FAX 580-226-5554

FOR OFFICE USE ONLY

Received: _____

Sent: _____

Initials: _____

**INSTRUCTIONS: Applicants must complete all the blanks accurately and completely. PLEASE PRINT.
NEATNESS AND LEGIBILITY ARE IMPORTANT!**

The City of Ardmore is an Equal Opportunity Employer.
In accordance with the Civil Rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, and the American with Disabilities Act, The City of Ardmore prohibits discrimination in employment because of race, color, sex, religion, national origin, age or disability.

POSITION DESIRED AND NUMBER:

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Alternate Phone		
Social Security No.	E-mail Address		
Date Available			

How did you learn about the job for which you are applying?			
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 of Ardmore?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Military Service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/>
		Date Entered	Date Separated
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain (Convictions may not disqualify you.)
Have you ever been fired or asked to resign from a job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Do you have any relatives, by blood or by marriage, working for or holding office for the City of Ardmore?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever had your driver's license suspended or revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Do you have a current driver's license? If yes, show type and number (answer only if required for position)	YES <input type="checkbox"/>		NO <input type="checkbox"/>
License Type	CDL: Class A <input type="checkbox"/>	Class B <input type="checkbox"/>	Class A <input type="checkbox"/> Operators: Class D <input type="checkbox"/>
License Number:			

LICENSE, CERTIFICATIONS, AND SKILLS

Please list below any job related license, certifications or skills you hold.

Type	Number	Expiration Date
------	--------	-----------------

Type	Number	Expiration Date
------	--------	-----------------

Type	Number	Expiration Date
------	--------	-----------------

Job Related Skills:

Machines or Equipment you can operate skillfully:

Foreign Languages:

EDUCATION

CIRCLE YOUR HIGHEST EDUCATION LEVEL: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 +

Are you a High School Graduate YES NO Or GED? YES NO

High School Address

College Address

Hours Completed Did you graduate? YES NO Degree

Other Address

Did you graduate? YES NO Degree

Other Address

Did you graduate? YES NO Degree**PREVIOUS EMPLOYMENT****Start with your present or most recent job. Include military service. List your last five jobs or ten years of work experience.**

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 NO

PREVIOUS EMPLOYMENT (CONTINUED)

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"/>			

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"/>			

REFERENCES

Full Name

Relationship

Company

Phone ()

Address

Full Name

Relationship

Company

Phone ()

Address

Full Name

Relationship

Company

Phone ()

Address

DISCLAIMER AND SIGNATURE

PLEASE READ CAREFULLY BEFORE SIGNING:

I understand that by filling out the City of Ardmore Employment Application I authorize the City of Ardmore to thoroughly investigate all statements contained in my application and resume, and I hereby state the information given by me is true and complete to the best of my knowledge. I understand that any false statement or misrepresentation on this application is sufficient cause for refusal to hire or dismissal if I have been employed.

I understand that the City of Ardmore conducts employment physical examinations and drug testing and all job offers are contingent upon the results of such tests.

And further, I expressly request former employers and any persons who may have pertinent information concerning me to furnish such information to the City of Ardmore officials. I agree to hold such persons harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information.

Signature

Date

Voluntary Applicant Self ID Form

New Hire Self ID Form

Office Use Only:

Job Opening # _____

The City of Ardmore is committed to equal employment opportunity for all employees and applicants. To assist the City in properly identifying its employees and applicants for our compliance with the federal and state requirements, we request that you complete the information below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. If you have any concerns in answering these questions, please contact Human Resources.

Name: _____
Please print

Gender: Male Female

I elect not to identify my gender

Position applied for: _____

Referral source

- Newspaper
- Radio
- Job Service
- Job Fair
- Television

- Private Employment Agency _____
- Employee _____
- Relative _____
- Other _____

Race

- 1 - White
(not Hispanic or Latino) Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- 2 - Black or African-American
(not Hispanic or Latino) Persons having origins in any of the black racial groups of Africa.
- 3 Hispanic or Latino Persons of Mexico, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin (including Spain) regardless of race. This ethnicity includes among persons from Central and South American countries, only those who are of Spanish origin, descent or culture.
- 4 - Asian
(not Hispanic or Latino) Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (including India, Pakistan, Bangladesh, Srilanka, Nepal, Sikkim and Bhutan). This race includes Cambodia, China, Japan, Korea, Malaysia, the Phillipine Islands, Thailand and Vietnam.
- 5 - American Indian or Alaskan
Native
(not Hispanic or Latino) Persons having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or have community attachment.
- 6 - Native Hawaiian or other
Pacific Islander
(not Hispanic or Latino) A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.
- 7 - Two or more races
(not Hispanic or Latino) All persons who identify with more than one of the above five races.
- 9 - I elect not to identify my race.

Applicant Signature: _____

Date: _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the reports(s) ordered, Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524, 800/367-5933.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by _____ or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information:

AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: Male Female

Race: Asian Black Hispanic White Other

Drivers License Number State Issuing License

Name as it appears on license

Signature Today's Date

IF REQUIRED, NOTARIZE HERE

When using an embossed seal, please shade and pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My commission expires

Disclosure to Employment Applicant Regarding Procurement of A Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
800/367-5933

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____