Personnel Use Only:

## APPLICATION FOR EMPLOYMENT TOWN OF HASKELL, OKLAHOMA

Human Resources

1424 North Haskell Blvd - PO BOX 9 Haskell, Oklahoma 74436 918-482-3933

PLEASE READ INSTRUCTIONS: Fill in blanks as accurately and neatly as possible. Employment is based on qualification for the position, regardless of race, age, color, sex, religion, national origin, citizenship, or disability. All applicants will be subject to work history investigations and applicants who will be driving Town owned vehicles will be checked for valid drivers license and safe driving history. The Town of Haskell is a Drug-Free Workplace and does participate in controlled substance testing. Employment is contingent upon verification of citizenship/immigration status, as required be the Immigration Reform and Control Act of 1986 ("IRCA").

TITLE OF JOB FOR WHICH YOU ARE APPL	LYING:		-	
NAME:				
			Last	
ADDRESS:	City	State	8	Zip
TELEPHONE NO:	-			
Are you eighteen (18) years of age or over	? Yes N	0		
Check all types of work you will acceptter	regular mporaryp	full time art timenigl	_day work at work	shift work weekend work
When would you be available to start wor	k?			
			e	
experience sheets if necessary. Civilian or	military exper	military service. ience acquired mo	Use additior re than 10 ye	nal employment ears ago may be
May inquiry be made of your present emplo Check Box □ Yes □ No	oyer regarding	your qualifications	and record o	of employment?
	NAME:	NAME:    First   Middle	NAME:	DATE:

PRESENT OR	MOST	RECENT	IOE

Employers Name Address, City, State		Phone Number				
Dates Employed From To	Your Title	Supervisor's Name			Type of Business	
Starting Salary		Present or Final Salary		Reason for Leaving or Wanting to Leave		
Your Duties			List all tools, machinery, equipment you used on this job			
Former Employers Name Address, City, State		Phone Number		er		
Dates Employed From To	Your Title		Supervisor's Name Type of Business		Type of Business	
Starting Salary		Present or Final Salary	Present or Final Salary		Reason for Leaving or Wanting to Leave	
Your Duties		List all tools, machinery, equipment you used on this job				
Former Employers Name		Address, City, State		Phone Number		
Dates Employed From To	Your Title	Supervisor's Name		Type of Business		
Starting Salary Present or Final Salary		Reason for Leaving or Wanting to Leave		aving or Wanting to Leave		
Your Duties		List all tools, machinery, equipment you used on this job				
Former Employers Name Address, City, State		Phone Number		er		
Dates Employed From To	Your Title	Supervisor's Name			Type of Business	
Starting Salary		Present or Final Salary		Reason for Leaving or Wanting to Leave		
Your Duties		List all tools, machinery, equipment you used on this job				
Former Employers Name Address, City, State			Phone Number			
Dates Employed From To	Your Title		Supervisor's Name		Type of Business	
Starting Salary Present or Final Salary			Reason for Leaving or Wanting to Leave			
Your Duties		List all tools, machinery, equipment you used on this job				

12. Please explain in detail any time lapses in the above record due to unemployment or other reasons.

Water, Sewer, Maintenance	
Equipment you can operate	Years Experience
Pickup	
Dump track	
Tractor	
Backhoe	
Front end loader	
Track hoe	
Wood Chipper	
Police	Years Experience
Equipment you can operate	rears experience
Radar gun	
Police radio	
Guns	
List courses and training in police work:	Years Experience
Accounts Payable	rears Experience
Accounts Receivable	
Bank Reconciliation	
Bank Reconciliation  Cashier	

Do you have a valid Oklahoma drivers license? Yes □ No □		
License No Type: Class A 🗆 Class B 🗆 Class C 🗆 C	lass D [	
Expiration Date: Endorsement(s)		
Has your license ever been suspended? If Yes, give date and details:		
· ·		
YOU ANSWER ANY OF THE FOLLOWING QUESTIONS "YES", EXPLAIN AT ITEM	YES	
. Have you been fired or asked to resign from a job within the last five years?		
. Have you ever been convicted of a felony in a civilian or military court?  You may exclude minor traffic violations. A criminal record will not necessarily disqualify you from employment. Your case will be considered in relationship to the requirements of the particular job.		
. Are you now working for or have you ever previously worked for the Town of Haskell?		
. Do you or does your spouse have any relatives presently working for or holding office in the Town? Town policy prohibits or limits hiring of relatives of Town employees or officials in certain circumstances.		
official announcement of vacancy, which may not have been shown in previous employmay also utilize this space to show profession registrations or licensing as well a	oyment as any	. You other
	License No	License No

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any investigator or duly accredited representative of the Town of Haskell bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential,, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Town of Haskell and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

I certify that the statements made by me in the above employment records are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any false statement, misstatement, or omission of material facts may be cause for my dismissal or consideration for termination of employment.

The Town of Haskell affords equal employment opportunity to all individuals regardless of race, color, religion, veteran status, creed, sex, national origin, age, disability or other protected characteristics groups under state, General or local Equality Opportunity laws.

In the event a pre-employment test is required for the job for which you are applying, id you need accommodations to take any test, you must notify the Human Resources Department at the time you submit this application.

Signature Name	Date	
FOR PERSONNEL DEPARTMENT USE ONLY:		
Date Received:		
Hired		
Social Security Number		
Date of Birth		
Time		
Forms completed: Date		
Remarks:		