



EMPLOYMENT APPLICATION

City of Jenks / Jenks Public Works Authority / Oklahoma Aquarium

City Of Jenks
P.O. Box 2007 • 211 N. Elm
Jenks, OK 74037
918.299.5883

An Equal Opportunity / Affirmative Action Employer

The City of Jenks and its related entities do not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran's status, political affiliation, and handicapped status or any other legally protected status.

TYPE OR PRINT CLEARLY. ALL QUESTIONS MUST BE ANSWERED COMPLETELY.

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Home Phone:	Business Phone:	Social Security No.:	
Date Available:	E-mail Address:		
Position(s) Applied for:			Desired Salary: \$
Available to Work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Shift			
If Part-Time, what days and hours:			
Have you ever worked for the City of Jenks or its related entities? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when & reason for leaving?			
Are you related to any city employee or any member of the City Council? If Yes, provide name, department, and relationship.			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a citizen of the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> If No, are you authorized to work in the U.S.? (Verification will be requested prior to employment and failure to furnish documentation will be cause for denial of employment).			YES <input type="checkbox"/> NO <input type="checkbox"/>
If less than 18 years of age, can you provide proof of eligibility to work?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been convicted of a felony in the last seven years or currently charged with the commission of a felony? If Yes, explain what, when and how. Note: This information does not in itself disqualify you for employment.			YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur			
Driver's License No.:	State of Issue:	Expiration Date:	

If tentatively selected, applicants applying for position where driving is required will be required to furnish a copy, at their expense, of their driving record prior to employment.

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	NO. OF YEARS COMPLETED				GRADUATE		MAJOR & DEGREE
			5	6	7	8	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Elementary							YES <input type="checkbox"/>	NO <input type="checkbox"/>	
High School							YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College							YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Graduate School							YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Business or Trade School							YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other (Specify)							YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Special Honors:

MILITARY SERVICE

Are you a veteran of the United States military service? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, what branch?	
If yes, Date Entered:	Date Discharged:	Rank at Discharge:	Honorable Discharge: YES <input type="checkbox"/> NO <input type="checkbox"/>
If other than Honorable Discharge, explain.			
Describe special skills or training acquired while in the service.			

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OTHER SPECIAL SKILLS (Please list any other skills you may have, e.g. fluency in other languages, licenses, special training.)

PREVIOUS EMPLOYMENT (List work experience beginning with most recent position. Attach additional sheets, if necessary).

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

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

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

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

REFERENCES

Please list three references who are not related to you and are not previous employers.

Full Name:	Phone : ()
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Address:

Full Name:	Phone: ()
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Address:

Full Name:	Phone: ()
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Address:

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This is an application for employment and no employment contract is being offered. The City of Jenks and its related entities may change wages, benefits, and conditions of employment at any time.

After reviewing the essential job functions, are you able to do them with or without reasonable accommodation? YES NO

The City is concerned with your ability to perform the job and will not at this time consider your need for reasonable accommodation. If after reviewing your application form, verifying your responses, and conducting necessary interviews or tests, you are considered for the job and would need reasonable accommodation to perform the essential job functions, the parties will explore these alternatives. REMEMBER: The City conducts a pre-employment exam which will determine whether you can do the essential functions of the job without substantial risk to yourself and the public.

In addition, review the minimum qualifications for the position you are applying for and provide us with prior education, work experience, any relevant training, certificates, licenses, and voluntary experience that would indicate your knowledge, skills, and abilities to perform the job. Be as specific as possible since you will be screened on what you include regardless of what you might otherwise be able to perform.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I hereby grant permission to the City of Jenks to investigate any information included in the application and I agree to submit to medical examination, if required, and pre-employment drug test. I understand this application is not a contract of employment. I hereby release the City and its agents from all liability in making any investigation and inquiry relative to the information contained in this application form.

If this application leads to employment, I understand that false or misleading information in my application or interview(s) may result in discharge.

I understand that I am required to abide by all rules and regulations of the City of Jenks.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

FOR OFFICE USE ONLY

This section to be completed by interviewer before application is returned to Personnel / City Manager.

Arrange Interview: YES NO Remarks: _____

References Checked: YES NO Remarks: _____

Ready to schedule pre-employment physical? YES NO

Additional Remarks: _____