



APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

For Department use only

City of Spencer
8200 NE 36th Street
P.O. Box 660
Spencer, OK 73084

Main #: 405-771-3226
Fax #: 405-771-3228

Last Name		First Name		M.I	Social Security No.
Address	City	State	Zip code	Telephone	
Alternate contact name		Day Telephone		Evening Telephone	
Position Desired			How did you learn about the job for which you are applying for?		
Are you presently employed with the City of Spencer? Yes or No Full time or Part-time		Have you ever been employed by the City of Spencer? Yes or No		If so, where and When?	
Are you under the 18 years of age? Yes or No					
Are you a citizen of the United States? Yes or NO			If not do you have a legal right to live and work in the US?		
Do you have a current Oklahoma driver's license? If so, show type and number(answer only if required for position) License Type: CDL: Class : A Class: B Class: C Class: D License Number:					
Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date entered:		Date separated:	
Type of Military training					
Email Address:					

EDUCATION Please describe below any education or training you have received which would qualify you for the job which you are applying(Transcripts may be required)

Name of School	Location:	Areas of study	Did you graduate	Type of Degree
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical/Trade			Yes <input type="checkbox"/> No <input type="checkbox"/>	

EXPERIENCE Must be completed by all applicants (Current or last employer first). Please attach resume.

Company Name and Address	Job title
	Starting Date (Month Year)
Description of Work performed	Ending Date (Month Year)
	Starting Salary Ending salary
	Reason for leaving
Your supervisor's Name:	Your supervisor telephone:



REFERENCES

Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

ADDITIONAL INFORMATION

If you have any additional information or comments concerning any voluntary experience, any special licenses or training which would help us determine your suitability for this position; please use the space provided below or an extra sheet of paper if necessary. All attachments must be signed.

READ CAREFULLY BEFORE SIGNING

I certify the facts given in this application are true and complete to the best of my knowledge. I hereby give permission to the City of Spencer to investigate any information included in this application and I agree to submit to medical examination if required. I understand that this application is not a contract of employment. I hereby release the City of Spencer and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand, that if employed, false or misleading statements given in this 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 Spencer.

Signature of Applicant