



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"/> | |
| | | | 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
