

THE CITY OF SHAWNEE WOULD PREFER ELECTRONIC APPLICATIONS.  
PLEASE include your email address on the application.  
If you are unable to email the application, you can print and fax to 405-878-1734  
or mail to PO BOX 1448, Shawnee OK

**Best Viewed in Adobe Reader XI**

**FOR MOBILE USERS: PLEASE OPEN IN ADOBE READER.**  
**When emailing--DO NOT flatten form.**



CITY OF SHAWNEE

EMPLOYMENT APPLICATION

REVISED –OCTOBER 9, 2016

**THIS APPLICATION WILL REMAIN ON FILE FOR 60 DAYS.**

PLEASE BE ADVISED THAT APPLICANTS WHO DO NOT SUBMIT A COMPLETED APPLICATION  
WILL NOT BE CONSIDERED FOR AN OPENING.

**CITY OF  
SHAWNEE**

**APPLICATION FOR EMPLOYMENT**  
**Equal Opportunity Employer (M/F/H/V)**



Return completed application to:  
**CITY HALL**

HUMAN RESOURCES DEPARTMENT,  
16 W 9TH  
PO BOX 1448  
SHAWNEE, OK 74802  
Phone: (405) 878-1669  
Fax: (405) 878-1734  
EMAIL: [personnel@shawneeok.org](mailto:personnel@shawneeok.org)

**NOTE: It is to your advantage to answer all questions on this application. (Please print or type.)**

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Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alt phone \_\_\_\_\_

**EDUCATION**

Name of School	City/State	Areas of Study	Did you Graduate?	Type of Degree
High School				
GED				
College				

Have you received any additional training or have additional skills, certifications, licenses, which would qualify you for the job you are applying for - including but not limited to: work shops, short courses, volunteer work, etc.?

Are you related to any City employee or to any City Commission Member by blood or marriage?  YES  NO

If yes, please give name and how related:

Are you legally eligible to work in the US?:  YES  NO

**SPECIAL EMPLOYMENT INFORMATION**

Have you previously worked for the City of Shawnee?  YES  NO

Position \_\_\_\_\_ Dept. \_\_\_\_\_ Dates (from) \_\_\_\_\_ (To) \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Last Name

First Name

What date would you be available for work?

Are you able to work any shift?

Days?

Nights?

Weekends?

If not, specify hours willing to work?

Do you have a valid Oklahoma State Driver's License?

If so, show type and number (answer only if required for position)

A

B

C

D

Has your license been revoked or suspended in the last 5 years?  YES  NO

If so, give year and reason

If Applicable: What equipment can you operate?

**EMPLOYMENT HISTORY**

**List your last 5 employers:**

Starting with your most recent employer. You may attach a resume, but not in place of completing required information. Please include Military experience.

May we contact your present employer?

YES

NO

IF NO, PLEASE EXPLAIN:

May we contact your past employers?

YES

NO

IF NO, PLEASE EXPLAIN:

EMPLOYED BY:

JOB TITLE:

ADDRESS:

SUPERVISOR'S NAME:

PHONE NUMBER:

EMPLOYED FROM (MO/YEAR)

TO (MO/YEAR)

STARTING SALARY:

FINAL SALARY:

HOURS PER WEEK:

DESCRIPTION OF WORK PERFORMED:

REASON FOR LEAVING:

EMPLOYED BY:

JOB TITLE:

ADDRESS:

SUPERVISOR'S NAME:

PHONE NUMBER:

EMPLOYED FROM (MO/YEAR)

TO (MO/YEAR)

STARTING SALARY:

FINAL SALARY:

HOURS PER WEEK:

DESCRIPTION OF WORK PERFORMED:

REASON FOR LEAVING:

EMPLOYED BY:

JOB TITLE:

ADDRESS:

SUPERVISOR'S NAME:

PHONE NUMBER:

EMPLOYED FROM (MO/YEAR)

TO (MO/YEAR)

STARTING SALARY:

FINAL SALARY:

HOURS PER WEEK:

DESCRIPTION OF WORK PERFORMED:

REASON FOR LEAVING:

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EMPLOYED BY:

JOB TITLE:

ADDRESS:

SUPERVISOR'S NAME:

PHONE NUMBER:

EMPLOYED FROM (MO/YEAR)

TO (MO/YEAR)

STARTING SALARY:

FINAL SALARY:

HOURS PER WEEK:

DESCRIPTION OF WORK PERFORMED:

REASON FOR LEAVING:

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EMPLOYED BY:

JOB TITLE:

ADDRESS:

SUPERVISOR'S NAME:

PHONE NUMBER:

EMPLOYED FROM (MO/YEAR)

TO (MO/YEAR)

STARTING SALARY:

FINAL SALARY:

HOURS PER WEEK:

DESCRIPTION OF WORK PERFORMED:

REASON FOR LEAVING:

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EMPLOYED BY:

JOB TITLE:

ADDRESS:

SUPERVISOR'S NAME:

PHONE NUMBER:

EMPLOYED FROM (MO/YEAR)

TO (MO/YEAR)

STARTING SALARY:

FINAL SALARY:

HOURS PER WEEK:

DESCRIPTION OF WORK PERFORMED:

REASON FOR LEAVING:

Last Name

First Name

References – List the names, addresses and phone numbers of three (3) persons not related to you, who are not former employers:

Name	Company	Phone	Relation
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Are you a U.S. Veteran? Branch of Service

Date of Military Service (From-To)

YES  NO

Indicate specific military experience or training that is job related:

Have you ever been addicted to or used on a regular basis any illegal drugs? YES NO

Have you ever been disciplined by an employer or fired or asked to resign from any job? YES NO

Why?

Are you a Registered Sex Offender under the laws of the State of Oklahoma, any other state or with the federal government or a tribal government YES NO

Have you ever been convicted of, or pled guilty to, any crime (excluding convictions that have been sealed, expunged or legally eradicated, or misdemeanors for which probations was completed and the case was dismissed by the court? YES NO

If yes, please explain the nature of conviction, when (year) and where (county and state)

Are you registered under the provisions of the Mary Rippy Violent Crime Offenders Act, or subject to a deferred judgment, suspended sentence, probation or parole from any court of another state, the United States, a tribal court or a military court for any crime or attempted crime which, if committed in the State of Oklahoma, would be a crime similar to any crime enumerated in Title 57 Oklahoma Statutes 593 B. YES NO

**CANDIDATES THAT ARE GIVEN A CONDITIONAL JOB OFFER WILL BE SUBJECT TO BACKGROUND CHECKS AND A PRE-EMPLOYMENT PHYSICAL AND DRUG TEST. THE CITY USES VERY SOPHISTICATED DRUG DETECTION PROCEDURES. ANY ILLEGAL DRUG USE AND/OR PRESCRIPTION DRUG USE CAN BE DETECTED. IF THE PERSON TESTS POSITIVE FOR ILLEGAL DRUGS, PRESCRIPTION DRUG WITHOUT A VALID PRESCRIPTION OR IF NOT WITHIN THE PRESCRIBED DOSE, THE JOB OFFER WILL BE RESCINDED AND THE APPLICANT WILL NOT BE ELIGIBLE FOR CONSIDERATION FOR FUTURE EMPLOYMENT WITH THE CITY.**

I have read & understand the above	DATE	First Name	Last Name
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**Is there any reason known to you why you might be unable to perform consistently and promptly any of the job duties for the position as outlined in the job description?** YES NO

I understand and agree that:

- All statements made on this application are true and correct and that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
- It is my understanding that the company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
- I further understand that the City of Shawnee will conduct a medical exam and/or drug and alcohol screen to determine whether I can do the essential functions of the job without substantial risk to myself and the public.
- Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday or a work schedule that consists of days longer or shorter than eight hours a day. I understand and accept these as conditions of my continuing employment.
- I further understand that this is an application for employment and that no employment contract is being offered.
- I understand that if I am employed, such employment is at will for an indefinite period of time and that the City can change wages, benefits and conditions at any time.
- The City of Shawnee performs post offer, pre-employment drug testing, driver's license verification, background and criminal history checks.
- I have read and understand the above.

Date	First Name	Last Name
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I have read and understand the above.

# APPLICANT CHARACTERISTIC SURVEY

To All Applicants:

The City of Shawnee, Oklahoma is an equal opportunity employer. To find out how effective our recruitment efforts are in reaching all parts of our population and to help us in the validation of our selection methods, we are asking each applicant to voluntarily give the following information. This information in no way affects you as an individual applicant and will be separated from your application immediately. It is not necessary that you provide the requested information to be considered for employment.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ DOB: \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alt phone \_\_\_\_\_

Position Applied For \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Are you related to any City employee or to any City Commission Member by blood or marriage?  YES  NO

If yes, please give name and how related:

PLEASE PLACE THE APPROPRIATE NUMBERED ANSWER TO EACH QUESTION IN THE BLOCK PROVIDED ON THE LFET.

- A. WHAT SEX ARE YOU?  
M Male  
F Female
- B. WHAT IS YOUR AGE?  
1. Less than 18 years  
2. 18-21 years, inclusive  
3. 22-25 years, inclusive  
4. 26-39 years, inclusive  
5. 40-55 years, inclusive  
6. 56-70 years, inclusive  
7. 70 years or over
- C. WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE REACHED?  
1. Finished 0-8 years  
2. 9-12, but not a high school graduate  
3. High school graduate or GED from a state department of education  
4. Post high school vocational or business school training  
5. College, less than B.A. or B.S. degree  
6. B.A. or B.S. or similar degree  
7. M.A. or similar professional degree  
8. Ph.D., J.D., L.L.B., or similar professional degree
- D. ARE YOU NOW EMPLOYED?  
1. Yes  
2. No
- E. WHICH RACIAL/ETHNIC GROUP DO YOU CONSIDER YOURSELF A MEMBER?  
1. White  
2. Black or African American  
3. Hispanic or Latino  
4. Native Hawaiian or other Pacific Islander  
5. Asian  
6. American Indian or Alaskan Native  
7. Two or more races
- F. HAVE YOU PREVIOUSLY APPLIED FOR A JOB HERE?  
1. Yes  
2. No
- G. HOW DID YOU LEARN ABOUT THE JOB FOR WHICH YOU ARE NOW APPLYING?  
1. City of Shawnee Human Resources Dept  
2. Other City agency  
3. City employee  
4. Friend  
5. Newspaper or periodical  
6. Job Service Department Schedules  
7. Other employment service  
8. Television/Radio  
9. School

NAME OF PUBLICATION: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

YES  NO H. ARE YOU A VETERAN OF U.S. MILITARY SERVICE?

YES  NO .I. ARE YOU MENTALLY OR PHYSICALLY HANDICAPPED?

CONSENT TO RELEASE RECORD(S)

LAST  
NAME:

FIRST  
NAME: \_\_\_\_\_

MIDDLE  
NAME: \_\_\_\_\_

(AS SHOWN ON LICENSE)

DL#: \_\_\_\_\_  
State Issued from

DOB: \_\_\_\_\_

By marking (I Agree) below, I voluntarily give consent to the Oklahoma Department of Public Safety or any Motor License Agent to release the following record(s), including personal information within my driver license file. I request the record(s) indicated by my signature below to be released by the Department of Public Safety or any Motor License Agent, their agents and employees, to the following person, company, corporation or legal entity:

Release Record/Information to: City of Shawnee

X MVR Summary:  I Agree  
(DRIVER'S CONSENT)

       Other Record (SPECIFY):  I Agree  
(DRIVER'S CONSENT)

DATE \_\_\_\_\_

City of Shawnee Human Resources Department.  
(NAME OF RECIPIENT OF RECORD)

P.O. Box 1448, ATTN Human Resources Department, Shawnee, OK 74802  
(ADDRESS OF RECIPIENT OF RECORD)

*Notice:* As required by the Federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, the Oklahoma Department of Public Safety/Motor License Agent will not release personal information from your driver record unless you consent by waiving your right to privacy under the DPPA; **OR**, unless the Department is required by DPPA to release personal information **without your consent**, such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws; or, unless the DPPA authorizes the Department to release it, such as to governmental entities, courts, insurance companies and to others specified.

—THIS FORM & PHOTO ID REQUIRED TO OBTAIN RECORD—

# CITY OF SHAWNEE

## HUMAN RESOURCES DEPARTMENT

### AUTHORITY TO RELEASE INFORMATION

I hereby authorize any representative of the City of Shawnee, Oklahoma Human Resources Department, bearing this release, or a Photostatic copy thereof, to obtain any information from your files pertaining to my employment records including, but not limited to, attendance, employment history and disciplinary records, and background investigations. I hereby direct you to release such information upon request of the City of Shawnee.

I hereby release you as the custodian of such records and, any school, college or university or other educational institution, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of what ever kind which may at any time result to me because of compliance with this authorization and request to release information, or any attempt to comply with it.

In the event that I am applying for a safety sensitive position under the Department of Transportation Regulations, I hereby authorize the Designated Employer Representative (DER) of the City of Shawnee, bearing this release, or a photostatic copy thereof, within one (1) year of its date, to obtain any information from your files pertaining to my employment records for the last three years including, but not limited to, any history related to, alcohol tests with a result of 0.04 or higher alcohol concentration; verified positive drug tests; refusals to be tested (including verified adulterated or substituted drug test results); other violations of DOT agency drug and alcohol testing regulations; and with respect to any violated a DOT drug and alcohol regulation, documentation of my successful completion of DOT return-to-duty requirements (including follow-up tests).

I hereby direct you to release such information upon request of the DER for and of City of Shawnee.

A copy of this authority to release will be as valid as the original. Should there be any questions as to the validity of this release, you may contact me as indicated below.

This release is executed with full knowledge and understanding that the information is for the express use of the City of Shawnee, Human Resources Department.

By marking, I agree to the above.

Date

LAST  
NAME:

FIRST  
NAME

MIDDLE  
NAME:

Current Address:

CITY

State

ZIP

Day Phone

Eve phone

Cell phone

Alt phone

Driver's Lic. No.

State Issued from

Birth date

SS No

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**When emailing--DO NOT flatten form.**