

EMPLOYMENT APPLICATION

Personal

Name	(Last)	(First)	(Middle)	Telephone
<hr/>				
Address	(Street)	(City)	(State)	(Zip Code)
<hr/>				

OTHER EMPLOYMENT RELATED INFORMATION

Check the following options which you would consider:	Please list any relatives working for Pontotoc County:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<hr/>
<input type="checkbox"/> Temporary	<hr/>
	<hr/>

If a minor, please state age: _____
Can you after employment submit a birth certificate or other proof of U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you previously employed by this County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the date(s) _____ <hr/>
Do you have the ability to perform the job related functions of the job applied for <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to the above question is no, please describe what accommodations would enable you to perform the job related functions of the job applied for: <hr/> <hr/>
EEO/ADA Statement: Pontotoc County does not discriminate on the basis of religion, sex, age, national origin, political affiliation, or mental /physical disability in its hiring or employment practices.

Drivers

Do you have a valid driver's license in this state?

_____ Yes _____ No

If yes, please list:

_____ license number

_____ license type

List any moving violation during the last five years: _____

Please select the position applying for:

_____ Laborer _____ Equipment Operator

_____ Truck Driver _____ Courthouse Deputy

_____ Mechanic _____ Janitorial

_____ Other (be specific) _____

Please check which County Barn you would be willing to work at: (you may check more than one)

_____ District #1 Located at Allen

_____ District #2 Located at Oil Center

_____ District #3 Located at Stonewall or Roff

EDUCATION & TRAINING

High School _____ Address _____ Graduated ____ Yes ____ No _____	
College or University _____ Address _____	Major _____ Degree/Year _____
Trade School _____ Address _____	Subjects _____ _____ Completed ____ Yes ____ No Year Completed _____
Apprentice School _____ Address _____	Subjects _____ _____ Completed ____ Yes ____ No
Please list any other education, training, special skills, or certificates/licenses that you possess related to this job: _____ _____	
Please list machines or equipment that you are qualified and experienced at operating: _____	

EXPERIENCES

LIST THE LAST TEN YEARS' WORK EXPERIENCE BEGINNING WITH THE MOST RECENT

1.) Name of Employer				Type of Business		Telephone	
_____				_____		_____ () _____	
Address (Street)		(City)		(State)		(Zip Code)	
_____				_____			
Dates Employed				Starting Title			
_____ From _____		To _____		_____			
Last Title				Name and Title of Supervisor			
_____				_____			
May we contact		Employed					
_____ Yes _____ No		_____ Full Time		_____ Part Time			
Reason for leaving:							

Brief description of duties: _____							

2.) Name of Employer				Type of Business		Telephone	
_____				_____		_____ () _____	
Address (Street)		(City)		(State)		(Zip Code)	
_____				_____			
Dates Employed				Starting Title			
_____ From _____		To _____		_____			
Last Title				Name and Title of Supervisor			
_____				_____			

May we contact

Employed

____ Yes ____ No

____ Full Time ____ Part Time

Reason for leaving:

Brief description of duties: _____

3.) Name of Employer

Type of Business

Telephone

_____ () _____

Address (Street)

(City)

(State)

(Zip Code)

Dates Employed

Starting Title

_____ From _____ To _____

Last Title

Name and Title of Supervisor

May we contact

Employed

____ Yes ____ No

____ Full Time ____ Part Time

Reason for leaving:

Brief description of duties: _____

REFERENCES

List business persons known; but not related, to you for at least three years:			
Name	Title/Business	Telephone	Years Known
_____	_____	(____) _____	_____
Name	Title/Business	Telephone	Years Known
_____	_____	(____) _____	_____
Name	Title/Business	Telephone	Years Known
_____	_____	(____) _____	_____

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials, and persons named as references. I hereby release all employers, schools, and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as Pontotoc County deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation of salary, wages, or employment related benefits (not required by law).

Signature

Date

Upon offer of employment, you will be asked to complete a drug/alcohol screening test.

I hereby give my consent to comply with the screening

Signature

Date

The filling out and returning of this application to Pontotoc County does not guarantee employment and does not constitute an offer of employment.

Consent to Criminal Background Check

I have been informed that **Pontotoc County** would like to do a criminal background check for employment purposes. I understand that a prior criminal conviction will not necessarily make me ineligible for employment.

Please check either A or B:

A) _____ I hereby **consent** to a criminal background check and authorize the release of the report and any other information to the company. I hereby release the company, its divisions, affiliates, and associates, and anyone acting on their behalf from any and all claims or liabilities of any nature arising from or related to the preparation of the information contained in the criminal background reports, and the disclosure of such information for employment purposes.

B) _____ I **do not consent** to a criminal background check.

Applicant Name (Please Print)

Applicant Signature

Date

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request

6600 North Harvey Place

Oklahoma City, OK 73116

(405) 848-6724

(405) 879-2503 FAX

<http://www.ok.gov/osbi/CriminalHistory/>

Type Of Search Requested:

Name Based - \$15.00

Sex Offender - \$2.00

Mary Rippy Violent Offender - \$2.00

State Fingerprint-based - \$19.00

* Must provide fingerprint card.

* Includes name based search.

DATE _____

Request Submitted via:

Fax Mail In Person

Requests will be returned in the manner received.

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:

(_____) _____

ACCEPTABLE FORMS OF PAYMENT:

BUSINESS CHECK *No Personal Checks Accepted.*

CASH CASHIER'S CHECK / MONEY ORDER
For Visa, MasterCard, and Discover, security code is 3 digits on back of card.
 CREDIT CARD *For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD #

EXPIRATION DATE

SECURITY CODE

CARD HOLDER

Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED)

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME _____

SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____

CITY

STATE

ZIP

PHONE NUMBER (_____) _____ E-MAIL ADDRESS _____

Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Forms with corrections done with white out or by striking through the fields in this section will not be processed.

NAME _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of
Computerized Criminal

Oklahoma Department of
Corrections Sex

Oklahoma Department of
Corrections Violent

□

□

□

□

SEX
