

EDUCATION AND TRAINING

HIGHEST YEAR OF HIGH SCHOOL COMPLETED:	DID YOU GRADUATE FROM HIGH SCHOOL? YEAR:
DO YOU HAVE A GED?	HIGH SCHOOL NAME/LOCATION

COLLEGE OR UNIVERSITY NAME:	MAJOR:	MINOR:	YEAR:	DEGREE:
LOCATION:	FROM:	TO:	HOURS COMPLETED:	
COLLEGE OR UNIVERSITY NAME:	MAJOR:	MINOR:	YEAR:	DEGREE:
LOCATION:	FROM:	TO:	HOURS COMPLETED:	

BUSINESS, VOCATIONAL, TECHNICAL, CORRESPONDENCE SCHOOLS

SCHOOL NAME:	LOCATION:		
TYPE OF COURSE WORK:	DID YOU COMPLETE?	IF YES, WHEN:	
SCHOOL NAME:	LOCATION:		
TYPE OF COURSE WORK:	DID YOU COMPLETE?	IF YES, WHEN:	

REFERENCES: LIST THREE (3) INDIVIDUALS WHO ARE NOT RELATED TO YOU WHO WILL RECOMMEND YOU AS TO CHARACTER, TRAINING AND ABILITY.

REFERENCE NAME:	ADDRESS:	PHONE:
REFERENCE NAME:	ADDRESS:	PHONE:
REFERENCE NAME:	ADDRESS:	PHONE:

EMPLOYMENT HISTORY

LIST IN ORDER OF MOST RECENT EMPLOYER

NAME AND ADDRESS OF EMPLOYER:	DATES OF EMPLOYMENT: FROM: _____ TO: _____	SALARY:
JOB TITLE:	DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED:	
SUPERVISOR'S NAME & PHONE #		
REASON FOR LEAVING:		
NAME AND ADDRESS OF EMPLOYER:	DATES OF EMPLOYMENT: FROM: _____ TO: _____	SALARY:
JOB TITLE:	DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED:	
SUPERVISOR'S NAME & PHONE #		
REASON FOR LEAVING:		
NAME AND ADDRESS OF EMPLOYER:	DATES OF EMPLOYMENT: FROM: _____ TO: _____	SALARY:
JOB TITLE:	DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED:	
SUPERVISOR'S NAME & PHONE #		
REASON FOR LEAVING:		
WERE YOU EVER DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION?	IF YES, WHY?	
MAY WE CONTACT YOUR PRESENT EMPLOYER?	MAY WE CONTACT YOUR PREVIOUS EMPLOYERS?	
IF WE MAY NOT, PLEASE INDICATE REASON:		

SKILLS INVENTORY

PLEASE MARK ANY OF THE FOLLOWING SKILLS, LICENSES, AND CERTIFICATIONS YOU POSSESS THAT ARE MOST RELEVANT TO THE JOB(S) YOU ARE SEEKING WITH THE CITY OF CHICKASHA.			
PROFICIENCY/CERTIFICATIONS/LICENSES IN TRADES:		SOFTWARE SKILLS:	
	PLUMBING		MICROSOFT WORD
	CARPENTRY		MICROSOFT EXCEL
	ELECTRICAL		MICROSOFT ACCESS
	HEAT AND AIR		MICROSOFT POWERPOINT
	JACK HAMMER		WORDPERFECT
	JETTER		LOTUS
	HEAVY/TANK TRUCK		CAD/GEOGRAPHIC INFORMATION SYSTEMS (GIS)
	DOZER		MACINTOSH (PLEASE LIST PROGRAMS)
	FRONT END LOADER		DESKTOP PUBLISHING
	BACKHOE		DBASE
	TRACTOR WITH ATTACHMENTS		NETWORK MANAGEMENT
	GRADER		TYPING AT _____ WPM
	OTHER		OTHER
PLEASE LIST ANY OTHER SKILLS YOU POSSESS:			

AGREEMENT AND AUTHORIZATION TO RELEASE INFORMATION:

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any false or misleading information given by me on this application or throughout the selection process could cause me to be ineligible for or terminated from employment. To assist in determining my qualifications and fitness to perform duties of this position or any position with the City of Chickasha, I authorize the City of Chickasha to investigate and verify information obtained through this application and the selection process. I hereby release the City of Chickasha and its agents from all liability in making such investigations and inquiries. Furthermore, I release my employers, schools, or persons from all liability in responding to inquiries in connection with my application. If after reviewing my application form, verifying my responses, and conducting necessary interviews or tests, I am considered for the job and would need reasonable accommodation to perform the essential job functions, the parties will explore these alternatives. I further understand that the City may conduct a medical exam to determine whether I can do the essential functions of the job without substantial risk to myself and the public. I further understand that I am required to abide by all rules and regulations of the City. I understand that this is not a contract for employment. The City of Chickasha performs post-offer, pre-employment drug testing.

In connection with the City of Chickasha's consideration of me for employment, I understand that the City of Chickasha and its agents may conduct investigative inquiries into my background that will include consumer, credit, criminal, driving, personal reference, and other reports pertaining to me. These reports may include personal conversations with persons possessing knowledge relevant to these categories. These background inquiries will be conducted and reports obtained to provide the City of Chickasha with information regarding my character, general reputation, personal characteristics, mode of living, work record and characteristics, skills and abilities, education and training, employment experiences, past job performance, reasons for termination for previous employment and other pertinent information. **I will allow my Social Security Number and date of birth to be used in this background investigation to provide that the information received is mine and not someone else with similar identification. Date of Birth: _____**

I understand the above uses and purpose for which the City of Chickasha may seek this information about me.

I hereby give my consent to the City of Chickasha or anyone acting on its behalf obtaining the above stated information.

I authorize any person or entity contacted by the City of Chickasha or anyone acting on its behalf to furnish the above stated information, and release any such person or entity from any and all liability for furnishing such information. I also release the City of Chickasha from any and all liability for conducting such an investigation.

Signature of Applicant

Date

***Name of City of Chickasha Employee who referred you:
