## <u>City of Atoka</u> <u>Application for Employment</u>

The City of Atoka is an Equal Opportunity Employer committed to excellence. Employment offers are made on the basis of qualifications, without regard to race, creed, color, gender, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT**. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") You may continue your answers on the back of this application or attach additional sheets if necessary. Applications with missing information will not be considered for any position. Information in this application must be full, complete, truthful and accurate to be considered for employment.

Position Applying For:	Name (Last, First, Middle):							Other names which you have used:		
Street Address: City, S					y, State & Zip:					
Social Security Number: D		Date o	Date of Birth:		Home Phone:	ome Phone: Other Phone:		r Phone:		
Are you a citizen of the United States?			Yes	No	If not, are you authorized to work in the United States?					
Are you currently employed?			Yes [	No	If YES, what date are you available for work?					
Have you ever been employed by the City of Atoka?			Yes No		If YES, dates of employment & reason for leaving:					
Are you related to any current City of Atoka employee?			☐Yes ☐ No		If YES, their name & their relationship to you?					
If required for position, do you have a valid driver's license?			Yes _	No	If YES, State of issuance, license #, and expiration date:					
Do you have a valid CDL?			Yes _	No	If YES, what cl	If YES, what class of CDL do you hold?				
Are you bondable?			Yes _	No						
Have you ever been convicted of a felony or misdemeanor?			Yes	No	If YES, please explain:					
How did you learn about this employment opportunity  Walk-in  Referral by employe					eck all that apply: Ad in <i>newspaper</i> Other:					
EDUCATION						D' I		D		
		School Name			City, State	Did yo gradua		Degree received	Major	
High School:						Yes No				
GED:						Yes No				
Other School:						Yes No				
College:						Yes No				
Other credentials/ li	icenses/ profe	ssional a	ffiliations, etc	c wł	nich are relevant to	the iob(s)	for v	vhich vou are	applying.	

		elevant to this position. Include relevant by by by and note your level of proficiency			
(basic, intermediate, expert)	kages of which you have a working kild	owiedge, and note your level of proficiency			
, ,					
held multiple positions with the sa may be considered falsification of i	me organization, detail each position son formation. Please explain any gaps in <b>NOTE</b> : The City of Atoka reserves	r <u>current</u> or most recent employer. If you eparately. Omission of prior employment employment. Include full-time military of the right to contact all current and former			
Dates Employed (most recent		Title:			
position)	Full time Part-time				
From: To					
Starting Salary:	Organization Name and Address:				
Final Salary:					
Supervisor's Name and Title:	Phone #:	Contact my current references:			
Supervisor's Name and Title:	Phone #:	At any time			
		Only if I am a finalist candidate			
Primary duties:		Reason for Leaving:			
•					
Dates Employed	Doubline Doubline	Title:			
From: To	Full time Part-time				
Starting Salary:	Organization Name and Address:				
Einel Colomi					
Final Salary:					
Supervisor's Name, Title and	Other Reference Name, Title and	Contact my current references:			
Phone #:	Phone #:	At any time			
		Only if I am a finalist candidate			
Primary duties:		Reason for Leaving:			
Dates Employed		Title:			
From: To	Full time Part-time				
Starting Salary:	Organization Name and Address:				
,					
Final Salary:					
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references:			
rnone #:	FHORE #:	At any time Only if I am a finalist candidate			
Primary duties:	Reason for Leaving:	Omy if I am a imanst candidate			
Time James.	Transfer Louving.				

**REFERENCES** – Please list three personal or professional references. These references cannot be listed anywhere else on this application.

Name	Relationship	Years Known	Phone Number					
PLEASE READ CAI	REFULLY AND SIGN TH	HAT YOU UNDERSTANI	D AND ACCEPT THIS					
INFORMATION.	MI CLET THE SIGN II		JAND MOCELLI TIME					
I certify that the information on this application and its supporting documents is full, complete, truthful and accurate. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize the City of Atoka to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of the City of Atoka serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If I am offered a conditional offer of employment, I will be required to furnish proof of eligibility to work in the United States and to comply with city and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.								
Applicant Signature:		Date:						
ROUTINE RECORD CHECK								
	ROUTINE RE	CORD CHECK						
DO A ROUTINE RECOR	DO HEREBY, DO HEREBY RD CHECK. I UNDERSTAND OKA MAY BE BASED ON IN	THAT A DECISION CONCER	RNING MY EMPLOYMENT					
DOB:								
SSN:								

Date: \_\_\_\_\_

Applicant Signature: