



104 W. 3rd Street Grove, Oklahoma 74344
(918) 786-6107 Fax (918) 786-8939
www.cityofgroveok.gov

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____

NAME: _____

SOCIAL SECURITY NO. _____

LIST ANY OTHER NAMES PREVIOUSLY USED: _____

ADDRESS: _____
STREET OR P.O. BOX CITY STATE ZIP

PHONE NO: _____ REFERRED BY _____

DATE OF BIRTH: _____ **(Police Officer, Dispatch or Firefighters only)**

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years but less than 65 years of age.

EMPLOYMENT DESIRED

POSITION: _____ START DATE: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? _____ MAY WE CONTACT YOUR PRESENT EMPLOYER: _____

EVER WORKED OR APPLIED TO THIS COMPANY BEFORE? _____ WHEN: _____ DEPARTMENT: _____

EDUCATION

NAME/LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED
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GRAMMAR SCHOOL _____

HIGH SCHOOL _____

COLLEGE _____

TRADE/BUSINESS SCHOOL _____

DEGREE OBTAINED: _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK AND/OR WRITE FLUENTLY? _____

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: _____

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE/MONTH/YEAR	NAME/ADDRESS	SALARY	POSITION	REASON FOR LEAVING
FROM: _____ TO: _____	_____	_____	_____	_____
FROM: _____ TO: _____	_____	_____	_____	_____
FROM: _____ TO: _____	_____	_____	_____	_____
FROM: _____ TO: _____	_____	_____	_____	_____

REFERENCES (LIST BELOW THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PHYSICAL RECORD: (Do you have any physical effects that preclude you from performing any work for which you are being considered for? _____)

WERE YOU EVER INJURED? _____ GIVE DETAILS: _____

HAVE YOU ANY DEFECTS IN HEARING? _____ IN VISION? _____ IN SPEECH? _____

IN CASE OF AN EMERGENCY NOTIFY: _____
NAME PHONE NO.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. Further, I understand and agree that my employment is for no definite period and regardless of the date of payment of my wages or salary, my employment is subject to termination at any time without any previous notice.

I understand if I am selected as a candidate for a position I am subject to a background check and post-offer pre-employment drug screening. I also understand certain jobs are classified as "Safety Sensitive" as defined by the US Department of Transportation drug, alcohol testing regulations, the OK Standards for Workplace Drug and Alcohol Testing Act and/or OK Medical Marijuana laws. I understand if I am hired for a position that is classified 'Safety Sensitive', I am subject to random drug and alcohol testing. I understand marijuana is one of the substances included in the drug panel screening. Possession of a Medical Marijuana License will not excuse me from the testing process, or the consequences of testing positive for marijuana. If I have questions whether the position I am applying for is classified as a 'Safety Sensitive' position I will consult with the Human Resource Department.

If I am selected as a candidate for a position, I agree to participate in a background check and I agree to comply with the City of Grove Personnel Policy & Procedures Manual and the Employee Substance Abuse Policy.

DATE: _____ SIGNATURE: _____