

Position Applied for: _____

The City of Hobart

111 E. Third, Hobart, OK 73651

Phone: 580-726-3100 **Fax:** 580-726-2460

Dear Applicant:

The City of Hobart appreciates your interest in a career with us. Completion of this Employment Application is the first step in the employment process. The information on these forms will be used to judge your qualifications for the position. Read all questions carefully and answer all questions completely and honestly. Applications are kept on file for a period of 6 months for consideration to an opening in the department for which you apply. Any application on file will be considered null and void after that 6 months and to be considered you must reapply.

A resume does not substitute for this application or any part of. You may attach a resume with this application, but a resume by itself will be considered incomplete and will not be considered for any vacancy that may arise. Please print using a ball point pen. Do not leave any blank spaces. If a question does not apply, write "N/A" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

Please note: Certain jobs are classified as a "safety sensitive" position as defined by the United States Department of Transportation drug and alcohol testing regulations, the Oklahoma Standards for Workplace Drug and Alcohol Testing Act and/or Oklahoma Medical Marijuana laws. As a "safety sensitive" classification, you will be subject to drug and alcohol testing, including random testing. Marijuana is one of the substances included in the drug panel screening. Possession of a medical marijuana license will not excuse you from the testing process, or the consequences of testing positive for marijuana.

This packet contains the following forms:

- Application for Employment
- Pre-employment Drug Screen Consent
- Authorization for Release of Information Form

Return the entire completed packet to the address below:

Hobart City Hall

111 E. Third, Hobart, OK 73651

FULL NAME:	DATE:
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Office Use Only: Date Received: _____

City of Hobart Application

INSTRUCTIONS: Applicants must complete all the blanks accurately and completely.

PLEASE PRINT, NEATNESS AND LEGIBILITY ARE IMPORTANT

In accordance with the Civil Rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, and the American with Disabilities Act, the City of Hobart prohibits discrimination in employment because of race, color, sex, religion, national origin, age, transgender or disability.

APPLICANT INFORMATION		
Last Name	First Name	M.I.
Street Address		Apt/Unit #
City	State	Zip
Social Security Number		E-mail Address
Phone #	Alternate Phone #	
Date Available		

How did you learn about this opportunity?
Are you a citizen of the United States? Yes ☐ No ☐ If no, are you authorized to work in the U.S.? Yes ☐ No ☐
Have you ever worked for the City of Hobart? Yes ☐ No ☐ If so, when?
Military Service? Yes ☐ No ☐ If YES Honorable ☐ Dishonorable ☐ (Please make copies of all applicable service records including any discharge papers and attach to this application)
Date entered Date separated
Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, explain
Have you ever had your driver's license suspended or revoked? Yes ☐ No ☐ If yes, explain on separate sheet and attach.
Have you ever applied with the City of Hobart before? Yes ☐ No ☐ If yes, when?
Do you speak another language other than English? Yes ☐ No ☐ If yes, what language?
Do you know of any reason that you could not pass a background check? Yes ☐ No ☐
Do you have any relatives, by blood or marriage, working / holding office for the City of Hobart? Yes ☐ No ☐
Have you ever been fired or asked to resign from a job? Yes ☐ No ☐ If yes, explain on separate sheet and attach.

EDUCATION		
CIRCLE YOUR HIGHEST EDUCATION LEVEL: 9 10 11 12 College Yes ☐ No ☐		
Do you have a High School Diploma or a GED? Yes ☐ No ☐		
High School	Address	
College	Address	
Hours Completed	Did you graduate? Yes ☐ No ☐	Degree
Other School	Did you graduate? Yes ☐ No ☐	Degree
Other School	Did you graduate? Yes ☐ No ☐	Degree

PREVIOUS EMPLOYMENT		
Start with you present or most recent job. Include military service. List your last five jobs or FIVE years of work experience. Explain any gaps in employment history. A resume does not substitute for this portion of the application.		
Company	Phone	
Address	Supervisor	
Job Title:	Starting Wage \$	Ending Wage \$
Responsibilities:		
From:	To:	Reason for Leaving
May we contact your previous supervisor/employer for a reference? Yes ☐ No ☐		

Company	Phone	
Address	Supervisor	
Job Title:	Starting Wage \$	Ending Wage \$
Responsibilities:		
From:	To:	Reason for Leaving
May we contact your previous supervisor/employer for a reference? Yes ☐ No ☐		

PREVIOUS EMPLOYMENT (continued)			
Company		Phone	
Address		Supervisor	
Job Title:	Starting Wage \$	Ending Wage \$	
Responsibilities:			
From:	To:	Reason for Leaving	
May we contact your previous supervisor/employer for a reference? Yes ☐ No ☐			

Company		Phone	
Address		Supervisor	
Job Title:	Starting Wage \$	Ending Wage \$	
Responsibilities:			
From:	To:	Reason for Leaving	
May we contact your previous supervisor/employer for a reference? Yes ☐ No ☐			

Company		Phone	
Address		Supervisor	
Job Title:	Starting Wage \$	Ending Wage \$	
Responsibilities:			
From:	To:	Reason for Leaving	
May we contact your previous supervisor/employer for a reference? Yes ☐ No ☐			

Company		Phone	
Address		Supervisor	
Job Title:	Starting Wage \$	Ending Wage \$	
Responsibilities:			
From:	To:	Reason for Leaving	
May we contact your previous supervisor/employer for a reference? Yes ☐ No ☐			

If more space is needed attach separate sheet

PERSONAL REFERENCES (not to include relatives)

FULL NAME	RELATIONSHIP
COMPANY	PHONE
ADDRESS	YEARS KNOWN

FULL NAME	RELATIONSHIP
COMPANY	PHONE
ADDRESS	YEARS KNOWN

FULL NAME	RELATIONSHIP
COMPANY	PHONE
ADDRESS	YEARS KNOWN

PREVIOUS NAMES

List any other name(s) you have used (maiden, nicknames, married, etc.)

1.	2.
3.	4.

ADDRESS HISTORY

In the space below, list all addresses where you have lived during the past FIVE (5) years, including military address if applicable. Begin with your present address. If more space is needed attach separate sheet

FROM	TO	STREET ADDRESS	CITY	COUNTY	STATE

DRIVING HISTORY

Do you currently have a valid driver's license? Yes ☐ No ☐

STATE	LICENSE CLASS	EXPIRATION	DL NUMBER	RESTRICTIONS

- Have you ever had any other driver's license? Yes ☐ No ☐ If yes, in the space below list all states where you have been licensed and/or all names you have been licensed under. (use separate sheet if necessary)

NAME	STATE

List all driving citations/summons you have received as an adult or juvenile, in the last 5 years beginning with the most recent. If more space is needed attach separate sheet.

MONTH/YEAR	CHARGE	CITY/STATE	DISPOSITION

LIST ANY TRAINING, CERTIFICATIONS, OR QUALIFICATIONS
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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

NOTE TO APPLICANT: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you are applying? Yes ☐ No ☐

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING THE SPACE PROVIDED

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be ground for refusal to hire or, if hired separated. I understand that failure to complete the application may be sufficient cause for rejection of this application or separation after employment. I also understand that if I am employed by the City, I must comply with its policies, procedures and directives as a condition of employment.

Applicant's Signature

Date

City of Hobart
111 E. Third, Hobart, OK 73651
Phone: (580) 726-3100 Fax: (580) 726-2460

PRE-EMPLOYMENT DRUG SCREEN CONSENT

1. I, _____, as an applicant with the City of Hobart, Oklahoma,
Applicant's Full Name Printed
consent to allow my blood, breath, and/or urine to be tested for drugs. I further consent to allow the results of such testing to be released to the City of Hobart, Oklahoma, or its authorized agents or representatives.
2. I hereby release the City of Hobart and its employees from any action that may arise out of the results of such tests or information being released to the City of Hobart.
3. I understand that if I fail to sign and return this consent to the City of Hobart, Oklahoma, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have received will be withdrawn.

Applicant's Signature

Date

City of Hobart
111 E. Third, Hobart, OK 73651
Phone: (580) 726-3100 Fax: (580) 726-2460

AUTHORIZATION FOR RELEASE OF INFORMATION

I am an applicant for a position with the City of Hobart. The city needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the City of Hobart.

I hereby authorize any representative of the City of Hobart bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Hobart, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure.

I further consent to your release, including photocopies, of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my educational records, my financial status, my criminal history record, including any arrest records and any information contained in investigatory files, efficiency ratings, complaints or grievances filed against me. I further request release of attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files, which are deemed to be confidential and/or sealed.

I understand my rights under Title 5 USC § 552a, the Privacy Act of 1974, with regard to access and disclosure of records, along with 51 OS § 24A.8, with regard to Open Records Act, and I waive those rights with the understanding that information furnished will be used by the City of Hobart in conjunction with employment procedures.

I hereby authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military record (if applicable) to release to the City of Hobart information or photocopies from my military personnel records. This could include photocopies of my DD214 Report of Separation, etc.

A photocopy of this release form will be valid as an original thereof, although said photocopy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the address or phone number listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

Applicant's Signature _____ Date _____
Printed Name _____ Date of Birth _____ Social Security Number _____
Address _____ Telephone (____) _____
City _____ State _____ Zip _____