

CITY OF MOORE EMPLOYMENT APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NO: _____

POSITION APPLYING FOR: _____

ARE YOU RELATED TO ANY CITY OF MOORE
EMPLOYEES? _____ YES _____ NO

IF SO, WHOM? _____

NOTICE TO ALL APPLICANTS: ATTACHMENT OF RESUME

If you are hired by the City of Moore, the information supplied on this employment application, except for your residential address, may be subject to disclosure through the Open Records Act of the State of Oklahoma. If you wish the City of Moore to consider other information regarding your qualifications for this position, you may separately submit a resume containing such documentation.

EMPLOYMENT HISTORY

PRESENT EMPLOYER:

NAME: _____

ADDRESS: _____

POSITION HELD: _____

DATES OF EMPLOYMENT: _____ TO _____

DUTIES & RESPONSIBILITIES: _____

SUPERVISOR'S NAME, TITLE, PHONE NO:

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____ YES _____ NO

PAST EMPLOYMENT:

NAME: _____

ADDRESS: _____

POSITION HELD: _____

DATES OF EMPLOYMENT: _____ TO _____

DUTIES & RESPONSIBILITIES: _____

SUPERVISOR'S NAME, TITLE, PHONE NO:

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PAST EMPLOYER? _____ YES _____ NO

PAST EMPLOYMENT:

NAME: _____

ADDRESS: _____

POSITION HELD: _____

DATES OF EMPLOYMENT: _____ TO _____

DUTIES & RESPONSIBILITIES: _____

SUPERVISOR'S NAME, TITLE, PHONE NO:

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PAST EMPLOYER? _____ YES _____ NO

PAST EMPLOYMENT:

NAME: _____

ADDRESS: _____

POSITION HELD: _____

DATES OF EMPLOYMENT: _____ TO _____

DUTIES & RESPONSIBILITIES: _____

SUPERVISOR'S NAME, TITLE, PHONE NO:

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PAST EMPLOYER? _____ YES _____ NO

EDUCATION: PLEASE LIST HIGH SCHOOL, CORRESPONDENCE, BUSINESS, TECHNICAL OR VO-TECH SCHOOLS ATTENDED, AND COLLEGES AND UNIVERSITIES.

| NAME | LOCATION | TYPE | DEGREE |
|-------|----------|------|--------|
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LIST ANY OFFICE EQUIPMENT YOU ARE CAPABLE OF USING AND ATTACH ANY PROFICIENCY TESTS YOU HAVE PERFORMED.

DO YOU HAVE A DRIVER'S LICENSE? ____ YES ____ NO CDL? __ YES __ NO

LIST ANY TYPE OF MACHINERY YOU ARE CAPABLE OF OPERATING:

PLEASE LIST ANY CERTIFICATIONS OR SPECIAL AWARDS YOU HAVE RECEIVED:

CITY OF MOORE
EQUAL EMPLOYMENT OPPORTUNITY SURVEY
(For Statistical Use Only)

To All Applicants:

The following information will in no way affect decisions regarding you as an individual applicant. The hiring supervisor will not have access to this survey. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in the validation of our selection methods. This form will also be used for Federal Equal Employment Opportunity reporting. Please help us by completing this voluntary questionnaire.

INSTRUCTIONS: Please circle only one for each question below.

SEX:

Male
Female

VETERAN:

No
Yes

AGE:

19 or less
20-29 years
30-39 years
40-49 years
50-59 years
60-69 years
70 or over

HOW DID YOU LEARN ABOUT THIS POSITION?

City of Moore bulletin board
City Employee
Newspaper (name) _____
Placement services
Employment Agency _____

Other _____

RACE:

American Indian
Black
Asian or Pacific Islander
Hispanic
White

JOB CODE:

Official/Admin Professional
Technical Protective Services
Skilled Admin. Support
Service Maintenance Para-professional

DISABLED:

No Yes, Visually impaired/blind Yes, Hearing impaired/deaf Yes, Amputee
Yes, Epilepsy Yes, Paralysis Yes, Cardiac Yes, Other _____

NAME: _____ DATE: _____

POSITION: _____ DATE OF BIRTH: _____