

# **CITY OF MOORE**

# **EMPLOYMENT APPLICATION**

# AN EQUAL OPPORTUNITY EMPLOYER

Applicants will be considered without regard to race, color, religion, sex (including pregnancy), national origin or citizenship status, age (40 or older), marital or familial status, veteran status, or on the basis of a disability or handicap.

(PLEASE PRINT)	Date of Application:				
Position Applied For:					
NAME:					
Last		First		Middle	
MAILING ADDRESS:	Address	City		State	Zip Code
E-MAIL ADDRESS:					
PHONE NUMBERS w	here you may be co	ntacted between the	e hours of 8 am	& 5 pm:	
PRIMARY PHONE #:			☐home ☐cel	l  work	(check one)
ALTERNATE PHONE #:					(check one)
Referral By:   Moore American  Oklahoman  Other newspaper:					
☐ Walk-In ☐ Job Line ☐ Friend/Relative ☐ Moore Employee:					
www.cityofmoore.com TV Channel 20 Internet (which site?)					
Have you ever submit	ted an application fo	r employment with t	he City of Moor	e? 🗌 \	∕es □ No
If yes, give date:		Position appl	ied for:		
Have you ever been e	mployed here before	e? 🗌 Yes 🗌 No	o If yes, give da	ate:	
Are you employed now	v? 🗌 Yes 🗌 No				
If yes, may we contact	t your present emplo	yer? 🗌 Yes 🗌	No (will not affe	ct your a	oplication)

### **CITY OF MOORE - EMPLOYMENT APPLICATION**

a properly classified, valid Oklahoma Driver's License and your driving record must meet the approval of the City's insurance carrier and/or Risk Management Department. If required for the position, do you have or can you obtain a current driver's license? Yes No NEPOTISM: In accordance with the City's Policy and Procedure Manual, "This policy will not apply to temporary employees, except no employee will supervise a relative. No employee will work in the same department of the City with a relative by marriage or consanguinity in the third degree. Police and Dispatch will be considered one department, and Fire and Dispatch will be considered one department, under the nepotism policy". Do you have a relative working for the City of Moore? Yes No Their name? \_\_\_\_\_ How are you related? \_\_\_\_\_ ELGIBILITY FOR WORK: In compliance with federal law, all persons hired by the City of Moore will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility form upon hire. Failure to do so within three business days of the beginning of employment will result in termination of employment with the City of Moore. Are you legally eligible to work in the United States: Yes No **EDUCATION:** High School College/University Graduate School Name Years Completed 10 11 12 1 2 3 4 2 3 4 9 **DEGREE OBTAINED:** Training, Apprenticeships, and/or Extra-curricular Activities: Honors Received: Do you possess a high school diploma or G.E.D. equivalent? Yes l No ☐ Yes ☐ No Are you currently a student in the high school listed above?

<u>DRIVING STANDARDS</u>: If the position for which you are applying has, as an essential job function, the operating of a City vehicle, or may require driving a City vehicle, you must possess and maintain

COM Application effective July 1, 2019

# <u>CITY OF MOORE – EMPLOYMENT APPLICATION</u>

# **EMPLOYMENT EXPERIENCE:**

Start with your present or last job. Do not leave gaps in your employment history. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin, but please include the rest of the information for that position.

Employer:	Address (include City and State):		Dates Employed From: To:				
Job Title:		Supervisor's Name and Title:	Reason for Leaving:				
Describe your duties and responsibilities:							
Employer	Address (include City)	and Ctata):	Datas Employed				
Employer:	Address (include City a	and State).	Dates Employed From:				
			То:				
Job Title:		Supervisor's Name and Title:	Reason for Leaving:				
Describe your duties and respon	sibilities:						
Employer:	Address (include City a	and State):	Dates Employed				
		·	From:				
Job Title:		Supervisor's Name and	To: Reason for Leaving:				
		Title:					
Describe your duties and responsibilities:							

# <u>CITY OF MOORE – EMPLOYMENT APPLICATION</u>

Employer:	Address (include City and State):		Dates Employed From: To:				
Job Title:		Supervisor's Name and Title:	Reason for Leaving:				
Describe your duties and responsibilities:							
Employer:	Address (include City and State):		Dates Employed From: To:				
Job Title:		Supervisor's Name and Title:	Reason for Leaving:				
Describe your duties and responsibilities:							
NOTE: If you need additional space for previous employment, please continue on a separate sheet of paper.							
SKILLS AND QUALIFICATIONS: Summarize skills, qualifications, certifications or licenses you may have that meet the qualifications for this job.							
List any office equipment and/or machinery you have experience using:							
List languages other than English that you speak proficiently, including communicating with the deaf.							

COM Application effective July 1, 2019

# CITY OF MOORE – EMPLOYMENT APPLICATION NOTICE TO APPLICANTS READ CAREFULLY BEFORE SIGNING I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading statements/answers will disqualify me from employment consideration. The background information supplied by an applicant for an open position will be checked. This check will cover the accuracy of the data furnished and the past performance record of the candidate. I hereby authorize the City of Moore to investigate all statements contained in this application and verify the facts claimed by me on this application. I also understand that the City of Moore will request consumer and investigative consumer reports (including criminal history) about me after a conditional offer of employment is made. I understand that such information is confidential, and the City cannot reveal the reason for withdrawal of a conditional offer of employment. I understand that applicants for positions with the City shall undergo controlled substance and/or alcohol testing only after a conditional offer of employment is made, and refusal to submit to such testing or a confirmed positive test shall be a basis for withdrawing the conditional offer of Such pre-employment testing is accordance with the Oklahoma Standards for employment. Workplace Drug and Alcohol Testing Act, the Omnibus Transportation Employee Testing Act and the City of Moore Policy and Procedures Manual, Appendix E. I understand that at any time during the application process or after employment, discovery of false or misleading information given in my application or interview(s) may result in discharge. I understand that once employed I am required to abide by all rules and regulations of the City. I further understand and agree that employment with the City of Moore does not constitute an employment contract and that employees may resign and voluntarily leave employment or employment may be terminated at any time and for any reason by the City. I hereby grant permission to the City of Moore to investigate and verify any of the information included in this application, and I agree to submit to a drug test and medical examination, if required.

CITY OF MOORE
A PROGRESSIVE CITY COMMITTED TO A QUALITY COMMUNITY

Date

COM Application effective July 1, 2019 (page amended for clarity 2/28/2021)

Signature of Applicant

# of Moor

# CITY OF MOORE

# **HUMAN RESOURCES DEPARTMENT**

# **AUTHORITY TO RELEASE INFORMATION**

### TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the City of Moore's Human Resources Department, bearing this release, or a photo copy thereof, within one year of its date, to obtain any information from your files pertaining to my employment records including, but not limited to, attendance, employment history and disciplinary records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the express use of the City of Moore's Human Resources Department.

I hereby release you as the custodian of such records and, any school, college or university or other educational institution, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me because of compliance with this authorization and request to release information, or any attempt to comply with it.

A copy of this authority to release will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature:(Full Name)	Date:
Typed or Printed:(Full Name)  Current Address:  City/State/Zip:	
Area Code/Phone No:	
COM Application effective July 1, 2019	

CITY OF MOORE
A PROGRESSIVE CITY COMMITTED TO A QUALITY COMMUNITY