

Locust Grove Public Works Authority

P.O. Box 246, Locust Grove, Oklahoma, 74352 (918) 479-5354 Email: lgtownclerk@gmail.com

Employment / Job Application

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ PHONE: _____

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN? YES NO*

*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE? YES NO DEGREE: _____

EMPLOYMENT HISTORY

EMPLOYER #1: _____ POSITION: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING DATE: ___/___/___ STARTING PAY: \$_____ HOUR SALARY

ENDING PAY: \$_____ HOUR SALARY

RESPONSIBILITIES: _____

ENDING DATE ___/___/___ REASON FOR LEAVING: _____

EMPLOYER #2: _____ POSITION: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING DATE: ___/___/___ STARTING PAY: \$_____ HOUR SALARY

ENDING PAY: \$_____ HOUR SALARY

RESPONSIBILITIES: _____

ENDING DATE ___/___/___ REASON FOR LEAVING: _____

EMPLOYER #3 _____ **POSITION:** _____

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

STARTING DATE: ___/___/___ **STARTING PAY:** \$_____ HOUR SALARY

ENDING PAY: \$_____ HOUR SALARY

RESPONSIBILITIES: _____

ENDING DATE ___/___/___ **REASON FOR LEAVING:** _____

REFERENCES

REFERENCE #1: _____ **RELATIONSHIP:** _____

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

REFERENCE #2: _____ **RELATIONSHIP:** _____

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO **BRANCH:** _____

STARTING DATE: _____ **ENDING DATE:** _____

RANK AT DISCHARGE: _____ **TYPE OF DISCHARGE:** _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK AND DRUG SCREENING? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. All applications must be fully completed, clearly printed, and signed to be considered acceptable.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____

DATE: _____

PRINT NAME _____