



Application for Employment

City of Ada
231 S. Townsend Ave
Ada, OK 74820

An Equal Opportunity / Affirmative Action Employer

The City of Ada does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, handicapped status, or any other legally protected status.

Date: _____

Print or type answers to each question clearly and completely. All questions must be answered. This is an application for employment and no employment contract is being offered. The City of Ada can change the wages, benefits, and conditions of employment at any time. If you need assistance in completing this application form or in participating in the selection process, please call 580-436-6300 and ask for the human resources department

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Social Security #: _____ Phone Number: _____

Email Address: _____

Emergency Contact: _____
(Full Name) (Phone Number)

Are you legally eligible for employment in the U.S.A? _____ Expected Salary? _____

Do you have a valid OK driver's license? _____ License Number: _____

Has your license been revoked or suspended in the last five years? _____

If yes, give years and reason: _____

Position Desired: _____ Date available for work: _____

Are you willing to work any hours assigned including nights and weekends? _____

Have you ever been employed by the City of Ada? _____ Any other City? _____

If yes, when and reason for leaving? _____

Do you have any current or former relatives who are employed or elected officials of the City of Ada? _____

If yes, give: name, relationship and department _____



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Military Service

Branch: _____ Entry Date: _____ Discharge Date: _____

Indicate specific experienced or training that is job related:

Educational Record

School	Name and address of School	Course of Study	Completed	Graduate
Elementary			_____	_____
High School			_____	_____
College			_____	_____
Other (specify)			_____	_____

Special Training (Licenses or certificates held)

Other Qualifications:



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Employment Record

Present or Last Employer: _____ Telephone: _____
 Address: _____ Job Title: _____
 Duties: _____
 Immediate Supervisor: _____ May we contact this employer? _____
 Starting Salary: _____ per _____ Date Employed: _____
 Present Salary: _____ per _____ Date Left: _____
 Reason for Leaving: _____

Previous Employer: _____ Telephone: _____
 Address: _____ Job Title: _____
 Duties: _____
 Immediate Supervisor: _____ May we contact this employer? _____
 Starting Salary: _____ per _____ Date Employed: _____
 Final Salary: _____ per _____ Date Left: _____
 Reason for Leaving: _____

Previous Employer: _____ Telephone: _____
 Address: _____ Job Title: _____
 Duties: _____
 Immediate Supervisor: _____ May we contact this employer? _____
 Starting Salary: _____ per _____ Date Employed: _____
 Final Salary: _____ per _____ Date Left: _____
 Reason for Leaving: _____

Previous Employer: _____ Telephone: _____
 Address: _____ Job Title: _____
 Duties: _____
 Immediate Supervisor: _____ May we contact this employer? _____
 Starting Salary: _____ per _____ Date Employed: _____
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Addendum to Employment Application

Answer the following:

Do you have any action pending that could potentially affect your driving privileges and/or you ability to lawfully operate city vehicles or city equipment? Yes _____ No _____

If so, Explain:

Are you a Registered Sex Offender under the laws of the State of Oklahoma, any other state or with the federal government or tribal government? Yes _____ No _____

Have you ever been convicted of, received a deferred sentence, or pled guilty to any crime (excluding convictions that have been sealed, expunged or legally eradicated, or misdemeanors for which probations were completed and the case was dismissed by the court)? Yes _____ No _____

If yes, please explain when (year) and where (county and state) _____

Are you registered under the provisions of the Mary Rippy Violent Crime Offenders Act, or subject to a deferred judgment, suspended sentence, probation or parole from any court of this state or another state, the United States, a tribal court or a military court for any crime or attempted crime which, if committed in the State of Oklahoma, would be a crime similar to any crime enumerated in Title 57 Oklahoma Statutes 593 B. Yes _____ No _____

CANDIDATES THAT ARE GIVEN A CONDITIONAL JOB OFFER WILL BE SUBJECT TO BACKGROUND CHECKS AND A PRE-EMPLOYMENT PHYSICAL AND DRUG TEST. THE CITY USES VERY SOPHISTICATED DRUG DETECTION PROCEDURES. ANY ILLEGAL DRUG USE AND/OR PRESCRIPTION DRUG USE CAN BE DETECTED. IF THE PERSON TESTS POSITIVE FOR ILLEGAL DRUGS, PRESCRIPTION DRUG WITHOUT A VALID PRESCRIPTION OR IF NOT WITHIN THE PRESCRIBED DOSE, THE JOB OFFER WILL BE RESCINDED AND THE APPLICANT WILL NOT BE ELIGIBLE FOR CONSIDERATION FO FUTURE EMPLOYMENT WITH THE CITY.

I have read & understand the above

Signature of Applicant

Date



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Equal Opportunity Pre-Employment Survey

Please be aware that you are not obligated to complete this form, and that any information you do provide voluntarily will be treated confidentially.

In order to comply with federal and state equal employment opportunity record keeping, reporting and other legal requirements, the City of Ada is required to maintain records as part of its affirmative action program. The information will be retained only for the purpose of monitoring the success of our affirmative action program and will not be used for or have any effect on any hiring decision.

Name: _____ Gender: _____ Date: _____
Position Applied For: _____ Referred By: _____

Race/Ethnic Group

(indicate one and only one)

- White (not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black (not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa.
- Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race. (Portuguese are excluded from the Hispanic category)
- American Indian / Alaskan Native All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliations or community recognition.
- Asian / Pacific Islander All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (for example, China, Japan, Korea, the Philippine island and Somoa. Also included in this category are the persons having origins in any of the original people of the Indian subcontinent (for example, India, Bangladesh, Bhutan, Pakistan, Nepal, Sikkim and Sri Lanka).

For EE0-1 reporting, please select the one category that most identifies your Race/Ethnic Identification:

- White Black Hispanic Asian or Pacific Islander
- American Indian or Alaskan Native Hawaiian Two or more Races



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Invitation to Self Identify as a Protected Veteran Pre-Employment

This employer is a Government contractor to the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2003, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

"Disabled Veteran" would mean a veteran who:

1. Is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensations) under laws administered by the Secretary of Veterans Affairs, or
2. Was discharged or released from active duty because of a service-connected disability.

"Recently Separated Veteran" would mean a veteran who served on active duty in the United States military, ground, naval, or air service, during the three-year period beginning on the date of such veteran's discharge or release from active duty.

"Active Duty Wartime or Campaign Badge Veteran" would mean a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expeditions for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

"Armed Forces Service Medal Veteran" would mean a veteran who while serving on active duty in the United States military, ground, naval or air service, participated in the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA-the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Services (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as on or more of the classifications of protected Veteran listed above.

I am not a protected veteran.



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Voluntary Self-Identification of Disability

Form CC-305
 OMB Control Number 1250-0005
 Expires 01-31-2017
 Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical Condition.

Disabilities include, but are not limited to:

Blindness	Autism	Bipolar disorder	Post-traumatic stress diorder (PTSD)
Deafness	Cerebral palsy	Major depression	Obsessive compulsive disorder
Cancer	HIV/AIDS	Mulitple sclerosis MS	Impairments requiring the use of a wheelchair
Diabetes	Schizophrenia	Missing Limbs or partialy missing limbs	Intellectual disability (previously called mental retardation)
Epilepsy	Muscular dystrophy		

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability)
- No, I do not have a disability

Signature

Date



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Reasonable Accommodation Notice
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Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedure, providing documents in an alternate format, using a sign language interpreter, using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.