



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 where you may be contacted between the hours of 8 am & 5 pm:

PRIMARY PHONE #: _____ home cell work (check one)

ALTERNATE PHONE #: _____ home cell work (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 submitted an application for employment with the City of Moore? Yes No

If yes, give date: _____ Position applied for: _____

Have you ever been employed here before? Yes No If yes, give date: _____

Are you employed now? Yes No

If yes, may we contact your present employer? Yes No (will not affect your application)

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DRIVING STANDARDS: 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 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:

| School Name | High School | College/University | Graduate |
|--|--|---|---|
| Years Completed | <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| DEGREE OBTAINED: | | | |
| Training, Apprenticeships, and/or Extra-curricular Activities: | | | |

Honors Received: _____

Do you possess a high school diploma or G.E.D. equivalent? Yes No

Are you currently a student in the high school listed above? Yes No

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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: | | |

| | | |
|--|-----------------------------------|--------------------------------|
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| 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.

NOTICE TO APPLICANTS

*****AGREEMENT*****

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 rejection.

I understand that all applications 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 employment. Such pre-employment testing is accordance with the Oklahoma Standards for 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.

Signature of Applicant

Date

CITY OF MOORE
A PROGRESSIVE CITY COMMITTED TO A QUALITY COMMUNITY



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

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