APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer (M/F/H/V)

Return completed application to:
CITY HALL
HUMAN RESOURCES DEPARTMENT,
16 W 9TH
PO BOX 1448
SHAWNEE, OK 74802
Phone: (405) 878-1669

Position Applied For   Date

Email Address __________________________________________

NOTE: It is to your advantage to answer all questions on this application. (Please print or type.)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<thead>
<tr>
<th>Day Telephone Number</th>
<th>Evening Telephone Number</th>
<th>Cell Phone Number</th>
<th>Alternative Number</th>
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EDUCATION

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City/State</th>
<th>Areas of Study</th>
<th>Did you graduate?</th>
<th>Type of Degree</th>
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<tbody>
<tr>
<td>High School</td>
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<td></td>
<td>Yes</td>
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<td>GED</td>
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<td>College</td>
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Have you received any additional training or have additional skills, certifications, licenses, which would qualify you for the job you are applying for – including but not limited to: work shops, short courses, volunteer work, etc.?

________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

Are you related to any City employee or to any City Commission Member by blood or marriage? □ YES □ NO
If yes, please give name and how related: _____________________________________________________________________________

Are you legally eligible to work in the US? □ YES □ NO

SPECIAL EMPLOYMENT INFORMATION

Have you previously worked for the City of Shawnee?  Yes □ No □

Position ___________________________ Department ______________________ Dates (From) ________ (To) ________

Reason for Leaving ___________________________________________
What date would you be available for work? ____________________________ Are you able to work any shift? ________________

Days? ______ Nights? ______ Weekends? _______ If not, specify hours willing to work?____________________

Do you have a valid Oklahoma State Driver’s License? __________________________

If so, show type and number (answer only if required for position) # __________________

Type (please check box) A ☐ B ☐ C ☐ D ☐

Has your license been revoked or suspended in the last 5 years? ____________

If so, give year and reason____________________________________________________________

If applicable, what equipment can you operate?

LIST YOUR LAST FIVE EMPLOYERS
STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER
YOU MAY ATTACH A RESUME, BUT NOT IN PLACE OF COMPLETING REQUIRED INFORMATION.
PLEASE INCLUDE MILITARY EXPERIENCE.

MAY WE CONTACT YOUR PRESENT EMPLOYER? □ YES □ NO
IF NO, PLEASE EXPLAIN__________________________________________________________

MAY WE CONTACT YOUR PAST EMPLOYERS? □ YES □ NO
IF NO, PLEASE EXPLAIN__________________________________________________________

EMPLOYMENT HISTORY

1. Employed by _____________________________ Job Title __________________
Address _______________________________________________________________________________
Supervisor’s Name ___________________________ Phone __________________
Employed from (mo/yr) ______________________ to (mo/yr) ______________________
Starting Salary __________________ Final Salary ______________ Hours per Week __________
Description of work performed, duties, and/or responsibilities:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Reason for leaving ___________________________________________________________________

2. Employed by _____________________________ Job Title __________________
Address _______________________________________________________________________________
Supervisor’s Name ___________________________ Phone __________________
Employed from (mo/yr) ______________________ to (mo/yr) ______________________
Starting Salary __________________ Final Salary ______________ Hours per Week __________
Description of work performed, duties, and/or responsibilities:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Reason for leaving ___________________________________________________________________

3. Employed by _____________________________ Job Title __________________
Address _______________________________________________________________________________
Supervisor’s Name ___________________________ Phone __________________
Employed from (mo/yr) ______________________ to (mo/yr) ______________________
Starting Salary __________________ Final Salary ______________ Hours per Week __________
Description of work performed, duties, and/or responsibilities:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Reason for leaving ___________________________________________________________________

4. Employed by _____________________________ Job Title __________________
Address _______________________________________________________________________________
Supervisor’s Name ___________________________ Phone __________________
Employed from (mo/yr) ______________________ to (mo/yr) ______________________
Starting Salary __________________ Final Salary ______________ Hours per Week __________
Description of work performed, duties, and/or responsibilities:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Reason for leaving ___________________________________________________________________

5. Employed by _____________________________ Job Title __________________
Address _______________________________________________________________________________
Supervisor’s Name ___________________________ Phone __________________
Employed from (mo/yr) ______________________ to (mo/yr) ______________________
Starting Salary __________________ Final Salary ______________ Hours per Week __________
Description of work performed, duties, and/or responsibilities:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Reason for leaving ___________________________________________________________________
EMPLOYMENT HISTORY (CONT.)

3. Employed by _____________________________________________    Job Title __________________
   Address _______________________________________________________________________________
   Supervisor’s Name __________________________________________  Phone _____________________
   Employed from (mo/yr) ____________________________to (mo/yr) _______________________________
   Starting Salary __________________Final Salary __________________ Hours per Week ______________
   Description of work performed, duties, and/or responsibilities: _______________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   Reason for leaving _______________________________________________________________________

4. Employed by _____________________________________________    Job Title __________________
   Address _______________________________________________________________________________
   Supervisor’s Name __________________________________________  Phone _____________________
   Employed from (mo/yr) ____________________________to (mo/yr) _______________________________
   Starting Salary __________________Final Salary __________________ Hours per Week ______________
   Description of work performed, duties, and/or responsibilities: _______________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   Reason for leaving _______________________________________________________________________

5. Employed by _____________________________________________    Job Title __________________
   Address _______________________________________________________________________________
   Supervisor’s Name __________________________________________  Phone _____________________
   Employed from (mo/yr) ____________________________to (mo/yr) _______________________________
   Starting Salary __________________Final Salary __________________ Hours per Week ______________
   Description of work performed, duties, and/or responsibilities: _______________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   Reason for leaving _______________________________________________________________________
References – List the names, addresses and phone numbers of three (3) persons not related to you, who are not former employees:

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<tr>
<th>Name</th>
<th>Company</th>
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<th>Relation</th>
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Are you a U.S. Veteran? [ ] Yes [ ] No

Branch of Service _________________________ Date of Military Service _____________

From – To

Indicate specific military experience or training that is job related: _______________________________________________________

Have you ever been addicted to or used on a regular basis any illegal drugs? [ ] Yes [ ] No

Have you ever been disciplined by an employer or fired or asked to resign from any job? [ ] Yes [ ] No

Why? ____________________________________________________________

Have you been convicted of a felony within the last 7 years? ______

If yes—please explain the nature of conviction when (year) and where (county and state)

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Conviction does not necessarily disqualify an applicant from employment.

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 FOR FUTURE EMPLOYMENT WITH THE CITY.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. ________________________________   ________________________________

Signed Date

Is there any reason known to you why you might be unable to perform consistently and promptly any of the job duties for the position as outlined in the job description? [ ] Yes [ ] No

I understand and agree that:

1. All statements made on this application are true and correct and that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.

2. It is my understanding that the company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

3. I further understand that the City of Shawnee will conduct a medical exam and/or drug and alcohol screen to determine whether I can do the essential functions of the job without substantial risk to myself and the public.

4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday or a work schedule that consists of days longer or shorter than eight hours a day. I understand and accept these as conditions of my continuing employment.

5. I further understand that this is an application for employment and that no employment contract is being offered.

6. I understand that if I am employed, such employment is at will for an indefinite period of time and that the City can change wages, benefits and conditions at any time.

7. The City of Shawnee performs post offer, pre-employment drug testing, driver’s license verification, background and criminal history checks.

8. I have read and understand the above.

Date: ________________________________ Signature: ________________________________
To All Applicants:

The City of Shawnee, Oklahoma is an equal opportunity employer. To find out how effective our recruitment efforts are in reaching all parts of our population and to help us in the validation of our selection methods, we are asking each applicant to voluntarily give the following information. This information in no way affects you as an individual applicant and will be separated from your application immediately. It is not necessary that you provide the requested information to be considered for employment.

Please fill out the following information:

- Last Name
- First
- Middle
- Address
- City
- State
- Zip
- Telephone
- Birth Date
- Social Security No.
- Position Applied For
- Date
- Email Address
- Are you related to any City employee or to any City Commission Member by blood or marriage? □ YES □ NO
  If yes, please give name and how related: ______________________________________

PLEASE PLACE THE APPROPRIATE NUMBERED ANSWER TO EACH QUESTION IN THE BLOCK PROVIDED ON THE LEFT.

A. WHAT SEX ARE YOU?
   1. Male
   2. Female

B. WHAT IS YOUR AGE?
   1. Less than 18 years
   2. 18-21 years, inclusive
   3. 22-25 years, inclusive
   4. 26-39 years, inclusive
   5. 40-55 years, inclusive
   6. 56-70 years, inclusive
   7. 70 years or over

C. WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE REACHED?
   1. Finished 0-8 years
   2. 9-12, but not a high school graduate
   3. High school graduate or GED from a state department of education
   4. Post high school vocational or business school training
   5. College, less than B.A. or B.S. degree
   6. B.A. or B.S. or similar degree
   7. M.A. or similar professional degree
   8. Ph.D., J.D., L.L.B., or similar professional degree

D. ARE YOU NOW EMPLOYED?
   1. Yes
   2. No

E. OF WHICH RACIAL/ETHNIC GROUP DO YOU CONSIDER YOURSELF A MEMBER?
   1. White
   2. Black or African American
   3. Hispanic or Latino
   4. Native Hawaiian or other Pacific Islander
   5. Asian
   6. American Indian or Alaskan Native
   7. Two or more races

F. HAVE YOU PREVIOUSLY APPLIED FOR A JOB HERE?
   1. Yes
   2. No

G. HOW DID YOU LEARN ABOUT THE JOB FOR WHICH YOU ARE NOW APPLYING?
   1. City of Shawnee personnel
   2. Other City agency
   3. City employee
   4. Friend
   5. Newspaper or periodical
   6. Job Service department schedules
   7. Other employment service
   8. Television
   9. Radio
   10. School

H. ARE YOU A VETERAN OF U.S. MILITARY SERVICE?
   1. Yes
   2. No

I. ARE YOU MENTALLY OR PHYSICALLY HANDICAPPED?
   1. Yes
   2. No
CONSENT TO RELEASE RECORD(S)

DRIVER NAME: __________________________  DL# _______________  DOB: ___________
(AS SHOWN ON LICENSE)

By signing below, I voluntarily give consent to the Oklahoma Department of Public Safety or any Motor License Agent to release the following record(s), including personal information within my driver license file. I request the record(s) indicated by my signature below to be released by the Department of Public Safety or any Motor License Agent, their agents and employees, to the following person, company, corporation or legal entity:

Release Record/Information to:  City of Shawnee

  X  MVR Summary:

  ___Other Record (SPECIFY):

(DRIVER'S SIGNATURE OF CONSENT)

________________________________________________________________________________________________

_________________________  _______________________
(DATE)             (SIGNATURE OF RECIPIENT OF RECORD)

P.O. Box 1448, ATTN Human Resources Department, Shawnee, OK  74802

City of Shawnee Human Resources Dept.
(SIGNATURE OF RECIPIENT OF RECORD)

Notice:  As required by the Federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, the Oklahoma Department of Public Safety/Motor License Agent will not release personal information from your driver record unless you consent by waiving your right to privacy under the DPPA; OR, unless the Department is required by DPPA to release personal information without your consent, such as in connection with matters of safety, theft, emissions, product alterations, recalls, advisories, certain federal laws; or, unless the DPPA authorizes the Department to release it, such as to governmental entities, courts, insurance companies and to others specified.

—THIS FORM & PHOTO ID REQUIRED TO OBTAIN RECORD—
THE CITY OF SHAWNEE

HUMAN RESOURCES DEPARTMENT

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any representative of the City of Shawnee, Oklahoma Human Resources Department, bearing this release, or a photostatic copy thereof, within one (1) 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 City of Shawnee.

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 what ever 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.

In the event that I am applying for a safety sensitive position under the Department of Transportation Regulations, I hereby authorize the Designated Employer Representative (DER) of the City of Shawnee, bearing this release, or a photostatic copy thereof, within one (1) year of its date, to obtain any information from your files pertaining to my employment records for the last three years including, but not limited to, any history related to, alcohol tests with a result of 0.04 or higher alcohol concentration; verified positive drug tests; refusals to be tested (including verified adulterated or substituted drug test results); other violations of DOT agency drug and alcohol testing regulations; and with respect to any violated a DOT drug and alcohol regulation, documentation of my successful completion of DOT return-to-duty requirements (including follow-up tests).

I hereby direct you to release such information upon request of the DER for and of City of Shawnee.

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

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

Signature: __________________________ Date: __________
 (Full Name)

Current Address: ______________________________________________

City, State, Zip Code: ____________________________________________

Telephone Number: ____________________________________________

Social Security Number __________________________ Birth Date __________

Driver’s License Number __________________________ State Issued from _______

Typed or Printed name: __________________________________________
 (Full Name)

__________________________________
Signature

February 2, 2012