

TOWN OF INOLA

1 West Commercial (PO Box 249) Phone: [918-543-2430]
 Inola, IK 74036 Fax: [918-543-3178]

Application for City Employment

Consideration of applicants is made without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Personal Information

Last		First	MI	SSN#	Email		
Street Address			City	ST	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Application		
Have you been convicted of a felony or been incarcerated in connection with a felony in the past? If yes, explain on back. <input type="checkbox"/> Yes <input type="checkbox"/> No			Available to work: Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No		Seasonal/Temporary <input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch			Are you related to any employee or Council member of Inola? If yes, who? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What position are you applying for?			How did you hear about this position?				
Do you have a dependable means of transportation to and from work?		Do you have a current Valid OK Driver License?		Date Available Attach resume with special job-related skills & qualifications.			

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

Name/Location	Last Year Complete				Degree	Major or Emphasis
High School	9	10	11	12		
College/University	1	2	3	4		
Trade School						
Other						
List any applicable special skills, training or proficiencies.						

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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