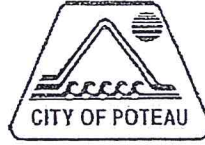


**City of Poteau
Employment
Application**



**111 Peters St
Poteau, Oklahoma
(918) 647-4191**

Last Name		First Name		Middle Name		Social Security Number	
Current Street Address				City		State	Zip Code
Previous Street Address				City		State	Zip Code
How long have you lived at your current address?		How long have you lived at your previous address?		Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Home () Work ()	
Can you upon hire, provide proof of United States Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No				Current Salary:		Expected Salary:	Last Salary Increase Date
Type of Employment Desired: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			Have you ever been employed by the City of Poteau <input type="checkbox"/> Yes <input type="checkbox"/> No From: To:			Date Available for Work	
Name and Location of School		GRADUATE		Degree Earned	Date Granted	Course of Study/Major	Grade Point Average
		Yes	No				
High School or G.E.D.							
College							
Advanced Degree							
Other Training							
Additional Education, Training, Professional Activities or Accomplishments, Skills, or Certificates:							
List academic achievements, thesis project, patents, publications or activities you consider significant. (Attach separate sheet if necessary.)							
How were you referred to the City of Poteau? <input type="checkbox"/> Referral by Employee(s) Name(s)		<input type="checkbox"/> Job Fair _____ <input type="checkbox"/> Newspaper/Journal _____ <input type="checkbox"/> Contract Labor Agency _____ <input type="checkbox"/> State Employment Agency _____ <input type="checkbox"/> Other _____		Do you have any relatives who work for the City of Poteau? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the name's below : _____			
<input type="checkbox"/> School _____							
Check position(s) for which you have experience							
<input type="checkbox"/> Accounting		<input type="checkbox"/> Data Processing		<input type="checkbox"/> Purchasing			
<input type="checkbox"/> Bookkeeping		<input type="checkbox"/> Equipment operator		<input type="checkbox"/> typing			
<input type="checkbox"/> Cashier		<input type="checkbox"/> Filing		<input type="checkbox"/> warehouse			
<input type="checkbox"/> Collections		<input type="checkbox"/> Payroll		<input type="checkbox"/> Other (list) _____			
Please give us the NAMES, and BUSINESS TELEPHONE NUMBERS of people who are familiar with your WORK EXPERIENCE and TECHNICAL COMPETENCE in the job for which you are applying, preferably technical associates with whom you have worked and give the City of Poteau permission to contact. (DO NOT LIST PERSONAL REFERENCES.)							
Name		Business/Professional Relationship		Company		Title	Business Telephone
Name		Business/Professional Relationship		Company		Title	Business Telephone
Name		Business/Professional Relationship		Company		Title	Business Telephone
Have you ever been convicted of a criminal offense? (Omit traffic violations or convictions for which the record has been sealed or expunged by court order or any misdemeanor conviction for which the probation has been completed and the case has been judicially dismissed.) <input type="checkbox"/> Yes <input type="checkbox"/> No							
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? How many traffic violations have you had in the last three years?							
Drivers License Number, type, state and expiration date.				Check the types of vehicle you are qualified to operate.			
				<input type="checkbox"/> Light Truck <input type="checkbox"/> Tractor <input type="checkbox"/> Dozer <input type="checkbox"/> Heavy Truck <input type="checkbox"/> Backhoe <input type="checkbox"/> Other _____			
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Have you ever lost time from work due to an accident? Yes No If yes, explain (Attach separate sheet if needed)

Have you ever collected workmen's compensation benefits? Yes No If yes, explain (Attach separate sheet if needed)

Are you willing to take a physical examination? Yes No

Current Employer	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone (work)	Supervisor's Name	Date Employed (MO/YR) From: To:
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Street Address	City	State	Zip Code	Your Position
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Base Salary Indicate if: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Start _____ Final _____	Reason for Leaving (Attach separate sheet if needed)
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Describe Major Work Duties (Attach separate sheet if needed)

Most Recent Employer	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone (work)	Supervisor's Name	Date Employed (MO/YR) From: To:
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Street Address	City	State	Zip Code	Your Position
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Base Salary Indicate if: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Start _____ Final _____	Reason for Leaving (Attach separate sheet if needed)
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Describe Major Work Duties (Attach separate sheet if needed)

Second Most Recent Employer	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone (work)	Supervisor's Name	Date Employed (MO/YR) From: To:
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Street Address	City	State	Zip Code	Your Position
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Base Salary Indicate if: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Start _____ Final _____	Reason for Leaving (Attach separate sheet if needed)
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Describe Major Work Duties (Attach separate sheet if needed)

Third Most Recent Employer	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone (work)	Supervisor's Name	Date Employed (MO/YR) From: To:
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Street Address	City	State	Zip Code	Your Position
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Base Salary Indicate if: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Start _____ Final _____	Reason for Leaving (Attach separate sheet if needed)
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Describe Major Work Duties (Attach separate sheet if needed)

"AN EQUAL OPPORTUNITY EMPLOYER"

"It is the fundamental policy of the City of Poteau to provide equal opportunity in all of its operations and in all areas of employment practice and to assure that there shall be no discrimination against any employee or applicant on the basis of age, race, color, religion, sex, national origin or ancestry, marital or veteran status, or the presence of a non-job related medical condition or handicap."

Agreement	
<i>I authorize investigation of all statements contained in this application. I understand misrepresentation or omission of facts requested is cause for dismissal without notice at anytime during my employment.</i>	
<i>I agree, if employed, to follow all rules and regulations of the City of Poteau.</i>	
<i>I agree to promptly notify the City of Poteau of any change of address during my employment.</i>	
Signature _____	Date _____

Office Use Only

Interviewed by:	Date	
Remarks:		
Position	Date Employed	Reporting Date
Department Assignment	Salary	Hours