



## APPLICATION FOR EMPLOYMENT

**The City of Norman**  
Human Resources Department  
P.O. Box 370                      201-C West Gray  
Norman, OK 73070              Norman, OK 73069  
(405) 366-5482  
JOB LINE 366-5321

FOR OFFICE USE ONLY

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

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

This is an application for employment and no employment contract is being offered. After a selection has been made, this application will not be considered for any other position. If you need assistance in completing this application form or in participating in the selection process, please inform a member of the Human Resources staff.

**INSTRUCTIONS:** Print in ink the answers to each question clearly and completely. Applications which are not complete will not be processed. Return by hand or via postal mail. No faxed applications will be accepted.

### PERSONAL

Date \_\_\_\_\_

1. Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
LAST                      FIRST                      MIDDLE
2. Address \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
STREET ADDRESS                      CITY                      STATE                      ZIP
3. Mailing Address \_\_\_\_\_ Cellular No. \_\_\_\_\_  
IF DIFFERENT FROM STREET ADDRESS
4. E-Mail Address \_\_\_\_\_ Message/Wk. No. \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ (You do not have to answer this question, *unless* the position you are applying for has an age requirement.)
6. Are you eighteen years of age or older?     Yes     No
7. Position desired \_\_\_\_\_ Department/Division \_\_\_\_\_  
Rate of expected pay \$ \_\_\_\_\_ per \_\_\_\_\_
8. Are you available to work     Full-time     Part-time  
Specify days and hours if part-time \_\_\_\_\_
9. Were you previously employed by us?     Yes     No    If yes, when? \_\_\_\_\_
10. Are you a U.S. Citizen?     Yes     No    If No, do you have a legal right to work in the U.S.?  
Please explain \_\_\_\_\_
11. Driver's License \_\_\_\_\_  
NUMBER                      EXPIRATION DATE                      TYPE/CLASS OF LICENSE                      STATE
12. Are you related to any City employee or any member of the City Council?     Yes     No  
If yes, give name, department, and relationship. \_\_\_\_\_
13. Have you been convicted of a felony in the last 7 years or are you currently charged with the commission of a felony?  
 Yes     No    If yes, state what, when, and how. \_\_\_\_\_

14. What experience, training, or education do you have that would relate to this position? \_\_\_\_\_

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If you are considered for the job after the selection process and you would need reasonable accommodation to perform the essential job functions, the City of Norman will explore these alternatives. (The City of Norman requires a pre-employment medical examination for some positions which will determine whether you can do the essential functions of the job without substantial risk to yourself and the public.)

**EDUCATION RECORD**

TYPE OF SCHOOL	NAME AND ADDRESS	How Many Years Attended	Graduated	COURSE/MAJOR
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS OR TRADE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PERSONAL REFERENCES**

Give name, occupation, address, and phone number of **THREE** references who are *not* related to you and are not current or previous employers.

Name	Occupation	Phone Number

**EMPLOYMENT HISTORY** Account for all gaps in employment.

List below present and all past employment, beginning with the most recent. If you need additional space to document your employment history, please request an employment history supplemental form.

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
STARTING DATE: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_  
ENDING DATE: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
AVG. # OF HOURS WORKED/WEEK: \_\_\_\_\_ MAY WE CONTACT EMPLOYER:  YES  NO  
DUTIES AND RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
STARTING DATE: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_  
ENDING DATE: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
AVG. # OF HOURS WORKED/WEEK: \_\_\_\_\_ MAY WE CONTACT EMPLOYER:  YES  NO  
DUTIES AND RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
STARTING DATE: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_  
ENDING DATE: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
AVG. # OF HOURS WORKED/WEEK: \_\_\_\_\_ MAY WE CONTACT EMPLOYER:  YES  NO  
DUTIES AND RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
STARTING DATE: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_  
ENDING DATE: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
AVG. # OF HOURS WORKED/WEEK: \_\_\_\_\_ MAY WE CONTACT EMPLOYER:  YES  NO  
DUTIES AND RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING**

I certify that facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the City of Norman to investigate any information included in the application, and I agree to submit to medical examination, if required. The City of Norman requires pre-employment drug screening and criminal record search for all positions. I understand that this application is not a contract of employment. I hereby release the City of Norman and its agents from all liability in making any investigation or inquiry relative to any information contained in the application form. I understand that, if employed, false or misleading statements given in this application or interview(s) may result in discharge. If hired, I understand probationary and temporary employees have no rights to permanent employment and may be terminated without cause at the discretion of the City. I understand that I am required to abide by all rules and regulations of the City of Norman. *This application must be signed and dated for consideration of employment.*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**CITY OF NORMAN**  
**EQUAL EMPLOYMENT OPPORTUNITY SURVEY**

(FOR STATISTICAL USE ONLY)

**TO ALL APPLICANTS:**

The following information will in no way affect decisions regarding you as an individual applicant. The hiring supervisor will not have access to this survey. This information will be used to find out how effective our recruiting efforts are in reaching all segments of the population and in the validation of our selection methods. This form will also be used for Federal Equal Employment Opportunity reporting. Please help us by completing this *voluntary* questionnaire.

**INSTRUCTIONS:** Please circle *only one* number for each question below.

**A. SEX:**

1. Male
2. Female

**E. VETERAN:**

1. No - Veteran
2. Yes - Veteran

**B. AGE:**

- |                     |                |
|---------------------|----------------|
| 1. 19 or less years | 5. 50-59 years |
| 2. 20-29 years      | 6. 60-69 years |
| 3. 30-39 years      | 7. 70 or over  |
| 4. 40-49 years      |                |

**F. HOW DID YOU LEARN ABOUT THIS POSITION:**

1. City of Norman Job Line
2. City of Norman Bulletin Board
3. City Employee
4. Newspaper (Name)\_\_\_\_\_
5. Placement Service (Name)\_\_\_\_\_
6. Employment Agency (Name)\_\_\_\_\_
7. Other (Specify)\_\_\_\_\_

**C. RACE:**

1. American Indian
2. Black
3. Asian Pacific Islander
4. Hispanic
5. White

**G. JOB CODE (as indicated on job announcement):**

- |                        |                        |
|------------------------|------------------------|
| 1. Official/Admin      | 5. Para-Professional   |
| 2. Professional        | 6. Admin Support       |
| 3. Technical           | 7. Skilled             |
| 4. Protective Services | 8. Service/Maintenance |

**D. DISABLED:**

1. No
2. Yes-Visually impaired/blind
3. Yes-Hearing impaired/deaf
4. Yes-Amputee
5. Yes-Epilepsy
6. Yes-Paralysis
7. Yes-Cardiac
8. Yes-Other (specify)\_\_\_\_\_

**H. STATUS:**

1. Full-time
2. Permanent Part-time
3. Temporary (Part-time & seasonal)

Place your numbered answer to each question in  
the corresponding box below.

A	B	C	D	E	F	G	H

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_