



APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY

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
www.NormanOK.gov/HR/HR-Job-Postings

AN EQUAL OPPORTUNITY 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: Applications which are not complete will not be processed. No faxed applications will be accepted.

PERSONAL

1. Name _____ Date _____
LAST FIRST MIDDLE
2. Address _____
STREET ADDRESS CITY STATE ZIP
3. Mailing Address _____
IF DIFFERENT FROM STREET ADDRESS
4. E-Mail Address _____
5. Cell No. _____ Home No. _____ Msg/Work No. _____
6. Are you eighteen years of age or older? Yes No
7. Position desired _____ Dept/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.? _____
Explain: _____
11. Driver's License _____
STATE TYPE/CLASS OF LICENSE EXPIRATION DATE
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? _____

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				
COLLEGE				
GRADUATE SCHOOL				
BUSINESS OR TRADE				
OTHER				

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	Address	Phone Number

EMPLOYMENT HISTORY

List past 10 years of employment, beginning with your most recent/current employer. **Account for all gaps in employment.** Supplemental Employment History forms are available upon request.

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 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 RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ JOB TITLE: _____
ADDRESS: _____ SUPERVISOR: _____
CITY/STATE: _____ TELEPHONE: _____
STARTING DATE: _____ STARTING SALARY: _____
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AVG. # OF HOURS WORKED/WEEK: _____ MAY WE CONTACT EMPLOYER: YES NO
DUTIES 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 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 position.** 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 (handwritten or electronic) and dated for employment consideration.*

SIGNATURE OF APPLICANT

DATE

Applicant Name: _____

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	SCORE	RETEST	COMMENTS
SPELLING				
TYPING				
DATA ENTRY				
UMPIRE: BASEBALL				
UMPIRE: SOFTBALL				
MICROSOFT WORD				
MICROSOFT EXCEL				
MICROSOFT PUBLISHER				
MICROSOFT ACCESS				