

Application for Employment

City of Alva, 415 4th Street, Alva OK 73717 580-327-1340

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status. The City of Alva is an equal opportunity employer.

Position Applied For	Date of Application ____/____/____
How Did You Learn About Us? Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/>	Other <input type="checkbox"/> _____

Last Name First Name Middle

Address Street City State Zip Code

Telephone Number(s) Social Security Number

Email Address

Best time to contact you at home is: _____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If yes give date _____

Have you ever been employed with us before? Yes No If yes, give date _____

Do you have any friends or relatives, other than spouse, work here? _____ Yes No

Are you currently employed? _____ Yes No

May we contact your present employer? _____ Yes No

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status _____ Yes No

Proof of citizenship or immigration status will be required upon employment

EDUCATION

Elementary School

Name and Address of School _____

Course of Study _____

Number of Years Completed _____ Diploma Degree _____

High School

Name and Address of School _____

Course of Study _____

Number of Years Completed _____ Diploma Degree _____

Undergraduate College

Name and Address of School _____

Course of Study _____

Number of Years Completed _____ Diploma Degree _____

Graduate Professional

Name and Address of School _____

Course of Study _____

Number of Years Completed _____ Diploma Degree _____

Other (Specify)

Name and Address of School _____

Course of Study _____

Number of Years Completed _____ Diploma Degree _____

Describe and specialized training, apprenticeship, skills and extra-curricular activities.

Describe and job-related training received in the United States military.

Additional Information

Other Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills / Equipment Operated

Terminal Spreadsheet Computer Word Processing

Typewriter Shorthand

Production Machinery List

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

YES NO

References

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

3. Name _____ Phone _____

Address _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position (s) Applied For Is Open: YES NO

Position (s) Considered For:

DATE _____

Employment Experience

Start with your present last job. Include any job-related military service assignments and volunteer activities. You may include organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer _____
Address _____
Telephone Number (s) _____
Job Title _____ Supervisor _____
Dates Employed _____
Work Performed _____
Reason for leaving _____
Hourly Rate/Salary _____

2. Employer _____
Address _____
Telephone Number (s) _____

Job Title _____ Supervisor _____

Dates Employed _____

Work Performed _____

Reason for leaving _____

Hourly Rate/Salary _____

3. Employer _____

Address _____

Telephone Number (s) _____

Job Title _____ Supervisor _____

Dates Employed _____

Work Performed _____

Reason for leaving _____

Hourly Rate/Salary _____

4. Employer _____

Address _____

Telephone Number (s) _____

Job Title _____ Supervisor _____

Dates Employed _____

Work Performed _____

Reason for leaving _____

Hourly Rate/Salary _____

Employment Experience Continued

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other.

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed forty five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Are you willing to take a Drug/Alcohol test if your position requires it? Yes No

Signature of Applicant

Today's Date

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential

employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

● **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

● **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

● **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit. States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT :
Consumer reporting agencies, creditors and others not listed below.	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National Banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/ agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State Chartered Banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Ave, Suite 100 Kansa City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

CITY OF ALVA

AUTHORIZATION FOR EMPLOYER TO ACCESS CONSUMER REPORTS

DISCLOSURE

By signing below, you acknowledge and understand that in connection with your application for employment with CITY OF ALVA, we may obtain a "consumer report" and/or "investigative consumer report" on you from a consumer reporting agency in strict compliance with both state and federal standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your eligibility for employment purposes. An investigative report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics or mode of living. The Consumer reports or investigative consumer reports may contain public record information which may be requested or made on your including, but not limited to: consumer credit, criminal records, driving history records, education records, previous employment history, and workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, and others. You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness records and medial information may be obtained only after a tentative offer of employment has been made. You are hereby notified that you have the right to make a timely request for a copy of the above investigative background report contained in CITY OF ALVA files on you at the time of your request by providing proper identification and the payment of any legally permissible fees. You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency and a description in writing of our rights under the Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

AUTHORIZATION

By signing below, you hereby authorize, without reservation, any party or agency contacted by this organization to furnish the above mentioned and requested information. You further authorize ongoing procurement of the above mentioned information, reports and records at any time during your employment or contract. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish CITY OF ALVA with all background information in their possession regarding you, so that your employment qualifications may be evaluated.

ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF RIGHTS

By signing below, you certify you have read and fully understand this disclosure and authorization, all of the information you are providing is true, complete, correct and accurate, and you acknowledge that you have received the attached summary of your rights under the Fair Credit Reporting Act (15U.S.C. 1681 et seq)

The following is information required in order for CITY OF ALVA to obtain a complete consumer report.

PRINT FULL LEGAL NAME (FIRST, FULL MIDDLE NAME, LAST NAME)

STREET ADDRESS

CITY STATE ZIP

SOCIAL SECURITY NUMBER DATE OF BIRTH

DRIVER'S LICENSE NUMBER ISSUING STATE

OTHER OR FORMER NAMES (AKA, MAIDEN, MARRIED NAMES, SURNAMES)

CONSUMER'S SIGNATURE DATE

<p>FOR PERSONAL DEPARTMENT USE ONLY</p> <p>Position (s) Applied For Is Open: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Position (s) Considered For:</p> <p>_____</p> <p>_____</p> <p>Date _____</p>
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