

City of Eufaula

Application for Employment

PO Box 684, Eufaula, OK 74432

Phone: 918-689-2534

Fax: 918-689-1000

CityofEufaulaOK.com

Last Name		M.I.	First Name	
Mailing Address (Street/City/State/Zip)			Phone #	
Physical Address (Street/City/State)			Email Address	
Position Desired:		How did you learn about the job opportunity?		
Your application may be considered for other positions as they become available. Please indicate any other areas of interest:				
Have you ever been convicted of a crime, excluding misdemeanors? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain:				
Were you ever or are you currently employed by the City of Eufaula? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and what position: Are you related to any City employee or member of the City Council? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who and how are you related:				
Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, do you have a legal right to live and work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Driver's License Number		State of Issuance	Type	Expiration Date
Military Service Date Entered: _____ Date Separated: _____ Honorably Discharged Yes <input type="checkbox"/> No <input type="checkbox"/>				
Type of military training:				
Please describe below any education or training you have received which would qualify you for the job for which you are applying.				
Name of School	Location	Areas of Study	Type & Date of Degree	

Equal Opportunity Employer

Company Name and Address	Job Title
Description of work performed:	From (Month/Year):
	To (Month/Year):
	Starting Pay:
	Ending Pay:
	Your supervisor's Name, Title and Phone Number
Number of employees you supervised:	
Company Name and Address	Job Title
Description of work performed:	From (Month/Year):
	To (Month/Year):
	Starting Pay:
	Ending Pay:
	Your supervisor's Name, Title and Phone Number
Number of employees you supervised:	
Company Name and Address	Job Title
Description of work performed:	From (Month/Year):
	To (Month/Year):
	Starting Pay:
	Ending Pay:
	Your supervisor's Name, Title and Phone Number
Number of employees you supervised:	

Other work experience, special skills, equipment you can operate, etc.: _____

I hereby certify that all statements made on this application are true and correct and understand that any false statement made by my on this application could cause me to be ineligible for employment or terminated from employment. I further authorize the City of Eufaula to investigate and verify the statements claimed by me on this application and to check references with my former employers.

Applicant Signature: _____ Date: _____