



Town of West Siloam Springs

4880 Cedar Drive
Colcord, OK 74338
918-422-5101

We are an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section even if you attach a resume.

Application for Employment

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		

Home Phone

Alternate Phone

Drivers License Number

State

Social Security Number

State you were born

Are You A U.S. Citizen?

Yes No

Have You Ever Been Convicted Of A Felony?

Yes No

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

Yes No

Position

Position You Are Applying For	Available Start Date	Desired Pay
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Employment Desired

Full Time Part Time Seasonal/Temporary

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone
1.			
2.			
3.			

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (5)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	

TOWN OF WEST SILOAM

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Colcord, OK. 74338

PERMISSION TO OBTAIN INFORMATION

This document authorizes the Town of West Siloam Springs to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee or a candidate for employment.

This form may be given to agencies, employers, and/or schools I have attended, for authorization to release information on my employment, academic history or driving record to the Town of West Siloam Springs. Employment with the Town of West Siloam Springs is contingent upon satisfactory references and driving record (where applicable).

By signing below, I grant permission to release information to the Town of West Siloam Springs, relating to my work, academic experience and/or driving record. I further understand that information obtained may be used by this employer in its sole discretion and without liability to determine eligibility for initial or continued employment. I am willing that a photo-copy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

Please print or type

_____	_____	_____
Last Name	First	Middle
_____	_____	_____
Social Security Number	Drivers License #	State of Issue

If name has changed (through marriage or otherwise), print former name (s) here:

Please provide current and any previous address/es during the past seven years:

Current: _____

Previous: _____

Signature

Date

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the Towns service, whenever it is discovered.

I give the Town of West Siloam Springs the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the Town and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The Town of West Siloam Springs does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 60 days. At the conclusion of this time, if I have not heard from the Town and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Town reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the Town has the authority to make any assurances to the contrary.

I understand it is the Town's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide proof of identity and legal work authorization.

I also understand that if I am employed, the terms of my employment will also be subject to the provisions of the Town's Personnel Policies as amended from time to time and that I will be required to sign a form acknowledging receipt of a copy of said Personnel Policies.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____ / ____ / _____

