APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

City of Savanna

PERSONAL INFORMATION

Phone #

NAME (LAST, FIRST, MIDDLE)				SOCIAL SECURITY NUMBER
PRESENT	CITY		STATE	ZIP
PERMENANT ADDRESS STREET	CITY		STATE	ZIP
POSITION DESIRED	SALARY DESIRED	DATE YOU CAN START	REFERED BY	ARE YOU 18 OR OLDER? YES ____ NO ____
ARE YOU EMPLOYED NOW? YES ____ NO ____	IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ____ NO ____		SUPERVISOR NAME & PHONE #	
HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? YES ____ NO ____	WHEN?		WHERE?	

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WTHOUT REASONABLE ACCOMIDATIONS? YES ___ NO ___ (IF NO PLEASE EXPLAIN)

HAVE YOU BEEN CONVICTED OF OR PLEAD GUILTY OR NO CONTEST TO ANY CRIMINAL VIOLATION OF LAW, (INCLUDING TRAFFIC VIOLATIONS)? YES ___ NO ___ IF YES PLEASE EXPLAIN.

HAVE YOU EVER BEEN DISCHARGED FROM A JOB FOR ANY REASON? YES ___ NO ___ (IF YES PLEASE EXPLAIN)

DO YOU POSESS A CURRENT, VALID OKLAHOMA DRIVERS LICENSE? YES ___ NO ___ License # _____ (IF NO PLEASE EXPLAIN)
(VALID: ISSUED LICENSE HAS NOT EXPIRED NOR HAS BEEN REVOKED OR SUSPENDED FOR THE PAST 3 YEARS.)

PLEASE INDICATE WHICH DRIVERS LICENSE YOU POSSESS BY CHECKING THE APPROPRIATE BOX:
____ REGULAR OPERATOR LICENSE
____ COMMERICAL DRIVERS LICENSE (CDL) TYPE: ___ C ___ D ___ A ___ B

EDUCATION INFORMATION

	NAME & LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED AND DEGREE(S) RECEIVED
GRAMMER			YES NO	
HIGH SCHOOL		1 2 3 4	YES NO	
COLLEGE		1 2 3 4	YES NO	
TRADE, BUSINESS OR CORRESPONDENCE		1 2 3 4	YES NO	

GENERAL INFORMATON

TELL US A LITTLE ABOUT YOURSELF (SUBJECT OF STUDY, SPECIAL SKILLS, CERTIFICATES)

EMPLOYMENT (list employment for the last 5 years starting from present job)

DATE YEAR & MONTH	NAME AND ADDRESS OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING?
FROM TO				
FROM TO				
FROM TO				
FROM TO				
FROM TO				
FROM TO				
FROM TO				

REFERENCES

NAME	ADDRESS	PHONE NUMBER

I hereby certify that all statements made in this application and attached resume if included, are true. I understand that any misstatement, misrepresentation material omission or falsification of facts shall cause forfeiture to all rights of employment with the City of Savanna. I understand that after a conditional offer of employment, the following tests may be required as a condition of employment with the City of Savanna; drug screen, medical evaluation, workers compensation, drivers license record check, credit report, criminal history check, and a physical demonstration of job-related skills.

Signature: _____ Date: _____

********** DO NOT WRITE BELOW THIS LINE **********

Date Hired: