



City of Blanchard/BMIA

122 N. Main Street
P.O. Box 480
Blanchard, Oklahoma 73010
(405) 485-9392 Ofc
(405) 485-3199 Fax

TO: APPLICANTS FOR EMPLOYMENT

The application process with the city of Blanchard/Blanchard Municipal Improvement Authority can be quite lengthy and very strictly regulated by several local, state and federal employment guidelines/regulations. While we have made every effort to simplify and expedite the selection process, many equal opportunity, affirmative action and merit system provisions must be monitored.

Disqualifications are hereby attached to this employment application. Applications are accepted ONLY for vacant positions being advertised.

PLEASE READ THE FOLLOWING GUIDELINES CAREFULLY BEFORE COMPLETING THE ATTACHED APPLICATION FORM. THESE GUIDELINES ARE STRICTLY ENFORCED AND ADHERED TO.

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION:

1. Copy of High School Transcript or GED.
2. Copy of College Transcripts.
3. Copy of DD214 (Veterans Only).
4. Copies of all awards, diplomas, training or school certificates.
5. Copy of Valid Oklahoma Driver's License. (You must possess and maintain a valid Oklahoma driver's license during the course of your employment with the city).
6. Copy of driving record from local tag agent or the Oklahoma Department of Public Safety, N.E. 36th Street and Martin King Boulevard in Oklahoma City.



CITY OF BLANCHARD APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

The City of Blanchard provides all applicants with an equal opportunity to compete for openings. All selection decisions are based on merit which include job related factors without regard to an applicant's race, religion, national origin, color, sex, age or disability.

Applicants requiring assistance in completing this application should inform the Administration Department so that assistance can be provided.

INSTRUCTIONS

Each question should be fully and accurately answered. **No action can be taken on this application until all questions have been answered.** Use blank paper if you do not have enough room on this application. **Please print or type**, except for signature at end of application.
--Information on this application will be verified--

Position applied for	Today's date
Type of employment sought: <input type="radio"/> Regular <input type="radio"/> Temporary <input type="radio"/> Summer <input type="radio"/> Part-time	Date available, if hired

PERSONAL DATA

Last Name	First	Middle	Preferred Name
Street (include Mailing Address if not same as Street)	Home Phone		Additional Phone Number
	E-mail Address		
City	State		Zip Code
Are you over 18 years of age? <input type="radio"/> Yes <input type="radio"/> No	Are you a citizen of the United States or do you have a valid work permit? <input type="radio"/> Yes <input type="radio"/> No <small>(Proof of citizenship or immigration status will be required upon employment)</small>		
Do you have relatives working for the City? <input type="radio"/> Yes <input type="radio"/> No <small>(Relatives are: spouse, domestic partner, child, grandchild, parent, grandparent, sibling, mother or father-in-law, son or daughter-in-law, parent or child or sibling of domestic partner, stepparent, stepchild, or comparable legal step relationships, uncle, aunt, niece, or nephew)</small> If so, Name(s), Relationship(s), and City Department(s): _____ _____ _____			

RECRUITMENT INFORMATION

How did you learn of this position?		
<input type="radio"/> Direct contact	<input type="radio"/> Website	<input type="radio"/> City of Blanchard employee _____
<input type="radio"/> Advertisement	<input type="radio"/> School	<input type="radio"/> Other _____

MILITARY

Branch of Service		Rank/Rate at Discharge
Active Duty Service Dates:	From	To
Describe your service duties and any special training:		

GENERAL

Have you ever applied for employment with the City before?	<input type="radio"/> Yes	<input type="radio"/> No	If Yes, Date(s)
Have you ever been employed by the City before?	<input type="radio"/> Yes	<input type="radio"/> No	If Yes, Date(s)
Have you been convicted of a crime that has not been expunged or sealed by a court?	<input type="radio"/> Yes	<input type="radio"/> No	
If Yes, describe in full			
NOTE: A conviction record will not necessarily be a bar to employment.			
Information for position requiring driving:			
Do you have a valid Oklahoma driver's license:	<input type="radio"/> Yes	<input type="radio"/> No	
Class: <input type="radio"/> D	<input type="radio"/> CDL:	<input type="radio"/> A	<input type="radio"/> B
<input type="radio"/> C	Endorsements:		
Driver's License Number	Expiration Date		
List all moving traffic violations (last three years):			
List all accidents you have been involved in (last three years):			

EDUCATION AND TRAINING					
Name, Address (include City and State) and Phone No. of last high school attended			GED certification number		
			Issued by/ Phone No.		
Highest grade completed:	Graduate? <input type="radio"/> Yes <input type="radio"/> No				
Name, Address (include City and State) and Phone No. of College or University	Dates Attended		Major	Type of Degree	Date of Degree
	From	To			
Other schools or training (trade, vocational, armed forces, or business). Give name and location of each school, date attended, subjects studied, certificates, and any other pertinent data.					
Was education or training received under another name? <input type="radio"/> Yes <input type="radio"/> No If yes, provide other name(s) and dates used:					

SKILLS	
If you are an experienced operator of any business machines or equipment, including computer hardware / software, list (<i>include skill level and year last used</i>):	If you are an experienced operator of any heavy equipment, trucks, or any other machinery, list (<i>include skill level and year last used</i>):
Do you keyboard? <input type="radio"/> Yes <input type="radio"/> No Words per minute:	Special qualifications (licenses; patents or inventions; publications; honors or awards); <i>include dates received or produced.</i>
Do you have any other skills you wish to mention? <i>Include date acquired, skill level and year last used.</i>	
Special language skills - state whether reading, speaking, or writing:	

WORK HISTORY

INSTRUCTIONS: The Work History must be accurate and complete **or your application may be rejected**. List your entire work history in order, starting with your present or last job. Account for all periods of time including military service and any periods of unemployment. List each promotion as a separate job. Be thorough and specific in explaining your duties. Contact may be made with the employers listed below to discuss details of your previous employment(s) unless you specifically state that no such contact should be made.

Present or last employer		Employment Dates (Month/Year)	
		From:	To:
Complete address, include City and State		<input type="radio"/> Full time	<input type="radio"/> Part time
		Your title	
Number supervised	Type supervised		Salary
	<input type="radio"/> Labor	<input type="radio"/> Technical	
Duties			
		May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	
Reason for leaving		Name of supervisor	Telephone number
Previous employer		Employment Dates (Month/Year)	
		From:	To:
Complete address, include City and State		<input type="radio"/> Full time	<input type="radio"/> Part time
		Your title	
Number supervised	Type supervised		Salary
	<input type="radio"/> Labor	<input type="radio"/> Technical	
Duties			
		May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	
Reason for leaving		Name of supervisor	Telephone number
Previous employer		Employment Dates (Month/Year)	
		From:	To:
Complete address, include City and State		<input type="radio"/> Full time	<input type="radio"/> Part time
		Your title	
Number supervised	Type supervised		Salary
	<input type="radio"/> Labor	<input type="radio"/> Technical	
Duties			
		May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	
Reason for leaving		Name of supervisor	Telephone number

Previous employer		Employment Dates (Month/Year)	
		From:	To:
Complete address, include City and State		<input type="radio"/> Full time	<input type="radio"/> Part time
		Your title	
Number supervised	Type supervised		Salary
	<input type="radio"/> Labor	<input type="radio"/> Technical	<input type="radio"/> Professional
Duties			
		May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	
Reason for leaving		Name of supervisor	Telephone number
Previous employer		Employment Dates (Month/Year)	
		From:	To:
Complete address, include City and State		<input type="radio"/> Full time	<input type="radio"/> Part time
		Your title	
Number supervised	Type supervised		Salary
	<input type="radio"/> Labor	<input type="radio"/> Technical	<input type="radio"/> Professional
Duties			
		May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	
Reason for leaving		Name of supervisor	Telephone number
Previous employer		Employment Dates (Month/Year)	
		From:	To:
Complete address, include City and State		<input type="radio"/> Full time	<input type="radio"/> Part time
		Your title	
Number supervised	Type supervised		Salary
	<input type="radio"/> Labor	<input type="radio"/> Technical	<input type="radio"/> Professional
Duties			
		May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	
Reason for leaving		Name of supervisor	Telephone number
Give information not covered elsewhere that relates to your qualifications or eligibility for this position. Job related volunteer experience: Organization name, supervisor name and phone number; and hours worked per year.			

SPECIAL NOTE: If additional space is needed, attach sheets.

REFERENCES

Give names and addresses of three persons who are well acquainted with you and have knowledge of your qualifications for the position for which you are applying. *(Do not list relatives or repeat the names of supervisors listed under Work History.)*

Full Name	Email Address (include City and State)	Telephone Number	Occupation

Is any additional information relative to change of name, use of assumed name, nickname, or maiden name necessary to enable us to check your work and/or academic record? Yes No
If yes, explain

Were you ever discharged or asked to resign from any position? Yes No
If yes, explain

CERTIFICATION AND INFORMATION RELEASE

I hereby certify that all questions are fully and correctly answered, and I authorize the City of Blanchard to contact my former employers (unless requested not to), references furnished, and all other sources the City sees fit, and to conduct a credit check if required by the nature of the work to be performed, in order to verify the facts and information furnished with regard to my qualifications for the position sought. I hereby release any such employer or person from any and all liability of whatsoever nature on account of furnishing such information. I understand that if I make any misleading or incorrect statements on this application it may be rejected and, if I am employed, such statements would be cause for termination. I agree to undergo a job related post-offer physical examination, including a drug screening test, and a strength test if required by the job. I understand that, if hired, I may be subject to periodic physical examinations, to include random drug testing. **I understand and acknowledge that nothing on this application creates a promise of employment and that, if hired, employment at the City is employment at-will; employment may be terminated at the will of either the City or me.**

Signature:

Date:

DISQUALIFICATION OF APPLICANTS

Examples for grounds of rejection of an applicant include, but are not limited to, the following:

1. **Minimum Requirements:** Failure to meet the minimum requirements for the position as defined in the job description.
2. **Falsification, Deception, Fraud:** Falsification of any material fact or any attempt to practice deception or fraud by the applicant on the application and/or supplements during interviews with a representative of the City during examinations, or during any phase of the employment process.
3. **Nepotism:** Failure to disclose familial relationships are grounds for disqualification and/or discharge.
4. **Closing Date:** Failure to submit an application for a position by the posted closing date.
5. **Driving Record:** Failure to meet the City's driving requirements for those positions which require the operation of equipment or vehicles as an essential function of their position.
6. **Criminal History:** Conviction, deferred adjudication, or placement on probation for a felony or crime where such history represents a risk to the City of Blanchard or where such history is in conflict with the responsibilities and duties of the job.
7. **Incomplete Application:** Failure to complete the application in the manner prescribed.
8. **Examinations:** Inability to pass all required examinations, including pre-employment screenings. In the event of an inconclusive drug screen finding, including dilute, by the testing laboratory, the applicant must submit another sample. However, after one (1) additional attempt, the applicant's conditional offer will be rescinded.
9. **Other:** Failure to meet any other job related requirements deemed necessary by the Director of Human Resources.

Applicant Signature

Date and Time

AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish the City of Blanchard/Blanchard Municipal Improvement Authority with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition.

This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents requested. The information will be used for the purpose of determining my eligibility for employment with the City of Blanchard/Blanchard Municipal Improvement Authority.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee.

Applicant Signature

Date and Time

Print Full Name

Sworn and subscribed before me by _____,

On this ____ day of _____, A.D. 20____ year.

Notary Public

Commission Expires

Commission Number

VOLUNTARY SURVEY

This form is optional. You are not required to furnish the information requested below.

To the Applicant:

The commitment of the City of Blanchard/Blanchard Municipal Improvement Authority to a policy of Equal Employment Opportunity requires that certain information be gathered and maintained for statistical purposes only. Your cooperation in furnishing the requested information would be greatly appreciated. This page will be detached from the application immediately, before the application is reviewed and the information will not be considered for employment purposes. It will be stored separately from your application and employment records. If employed, this information will be used for any subsequent personnel decision.

Job Applied For

Date of Application

Sex: Female Male

Date of Birth

Social Security Number

Check One:

- White (Non-Hispanic)
- African American
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Other

How did you learn of this job opening? (Check One)

- Newspaper Ad Which Newspaper? _____
- Workforce Commission City of Blanchard Website
- City Employee Walk-in Other

Military Service Status:

- Veteran Active Duty Reserves/Guards

CONFIDENTIAL INFORMATION AGREEMENT FORM

I, the undersigned, do hereby understand that a thorough background investigation will be conducted to determine my qualifications for the position of

With the City of Blanchard/Blanchard Municipal Improvement Authority.

Further, that to a great extent, my employment will depend on information obtained in confidential interviews with persons whom I have associated. Therefore, I understand that such information is confidential, and the City/BMIA will not reveal the reason of non-selection to the applicants or any other perspective employer who are not accepted.

I HAVE READ AND FULLY UNDERSTAND THE FOREGOING STATEMENT.

Applicant Signature

Date and Time

Print Full Name