

# APPLICATION FOR EMPLOYMENT

WOODWARD COUNTY

1600 Main Street, Suite 9

Woodward, Ok. 73801

Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No. Home \_\_\_\_\_ Cell \_\_\_\_\_

## OTHER EMPLOYMENT RELATED INFORMATION. PLEASE ANSWER ALL QUESTIONS.

Please circle the following option that you are applying for or would consider FULL PART TEMPORARY

List any working relatives you have working for Woodward County  
\_\_\_\_\_

In which department are they employed? \_\_\_\_\_. How are you related? \_\_\_\_\_.

Can you, after employment, submit a birth certificate or other proof of U.S. Citizenship? YES NO

If not a U.S. Citizen, can you after employment submit verification of your legal right to work permanently in the U.S.? YES NO

Are you a minor? If so, what is your current age? \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor resulting in imprisonment or fine over \$500.00 during the last 10 years? (Note: a conviction will not necessarily disqualify an applicant) YES NO  
Explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed by Woodward County? YES NO

If yes, what were the dates of employment? \_\_\_\_\_.

Do you have the ability to perform the job related functions of the job you are applying for? YES NO

If not, please describe what accommodations would enable you to perform the job related functions of the job you are applying for  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION AND TRAINING

High \_\_\_\_\_ School \_\_\_\_\_  
Address \_\_\_\_\_

Did you graduate? YES NO Year \_\_\_\_\_ City/St \_\_\_\_\_

College \_\_\_\_\_ Address \_\_\_\_\_

Trade School \_\_\_\_\_ Address \_\_\_\_\_

List any other education, training, special skills, certificates or licenses you possess related to this job. \_\_\_\_\_

List any machines or equipment that you are qualified and experienced in operating. \_\_\_\_\_

### REFERENCES

List business persons known, but not related to you, that you have known at least 3 years.

Name _____	Title _____	Business _____	Phone No. _____
Name _____	Title _____	Business _____	Phone No. _____
Name _____	Title _____	Business _____	Phone No. _____

### EXPERIENCES

List the last 3 job experiences, in the last 10 years, beginning with the most recent.

Name \_\_\_\_\_ of \_\_\_\_\_ Co/Employer: \_\_\_\_\_ Type \_\_\_\_\_ of  
business: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Phone No. \_\_\_\_\_  
Dates Employed: FROM \_\_\_\_\_ TO \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Were you employed FULL or PART time? Description of Duties \_\_\_\_\_  
May we contact? YES NO  
Reason for leaving? \_\_\_\_\_

Name \_\_\_\_\_ of \_\_\_\_\_ Co/Employer: \_\_\_\_\_ Type \_\_\_\_\_ of  
business: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Phone No. \_\_\_\_\_  
Dates Employed: FROM \_\_\_\_\_ TO \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Were you employed FULL or PART time? Description of Duties \_\_\_\_\_  
May we contact? YES NO  
Reason for leaving? \_\_\_\_\_

Name \_\_\_\_\_ of \_\_\_\_\_ Co/Employer: \_\_\_\_\_ Type \_\_\_\_\_ of  
business: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Phone No. \_\_\_\_\_  
Dates Employed: FROM \_\_\_\_\_ TO \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Were you employed FULL or PART time? Description of Duties \_\_\_\_\_  
May we contact? YES NO  
Reason for leaving? \_\_\_\_\_

Do you have a valid drivers' license in the State of Oklahoma? YES NO  
If yes, what is the number \_\_\_\_\_ License  
classification \_\_\_\_\_

List any moving violations you have had in the last 5 years.

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**POSITION APPLYING FOR**

Laborer \_\_\_\_\_ Truck Driver \_\_\_\_\_  
Mechanic \_\_\_\_\_ Equipment Operator \_\_\_\_\_  
County Sheriff's Dept. \_\_\_\_\_ Janitorial \_\_\_\_\_  
Clerical/Business \_\_\_\_\_ Other, be specific \_\_\_\_\_

**APPLICANTS CERTIFICATION**

\*\*Please read carefully before signing. If you have any questions regarding the following statements then please ask for assistance\*\*

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all of my former employers, school officials and persons named as references, unless otherwise indicated. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as Woodward County deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation of salary, wages or employed related benefits (not required by law).

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

The filling out and returning of this application to Woodward County does not guarantee employment and does not constitute an offer of employment.

EEO/ADA Statement: Woodward County does not discriminate on the basis of religion, sex, age, national origin, political affiliation, mental or physical disability in its hiring or employment practices.