

APPLICATION FOR EMPLOYMENT



ASSOCIATION OF CENTRAL OKLAHOMA GOVERNMENTS

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The Association of Central Oklahoma Governments does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, disability status, genetic information, or any other legally protected status.

Print or type answers to each question clearly and completely. All questions must be answered. This is an application for employment and no employment contract is being offered. The Association may change wages, benefits, and conditions of employment at any time. If you need assistance in completing this application form or in participating in the selection process, please inform the receptionist.

APPLICATION # _____ NAME: _____

POSITION DESIRED: _____ DATE OF APPLICATION: _____

DATE AVAILABLE TO BEGIN WORK: _____

ARE YOU AVAILABLE TO WORK FULL-TIME PART-TIME

IF PART-TIME, WHAT HOURS AND DAYS: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

STREET ADDRESS: _____ HOME PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ BUSINESS PHONE: _____

EMAIL ADDRESS: _____

ARE YOU OVER THE AGE OF 18? YES NO

HAVE YOU EVER WORKED FOR THE ASSOCIATION? YES NO

IF YES, GIVE PRIOR NAME, DATES AND REASON FOR LEAVING: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

(ACOG participates in the e-verify employment verification program. Failure to furnish documentation will be cause for separation.)

ARE YOU RELATED TO ANY ASSOCIATION EMPLOYEE OR ANY MEMBER OF THE ASSOCIATION'S BOARD OF DIRECTORS? YES NO

IF SO, GIVE NAME, DIVISION, AND RELATIONSHIP: _____

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS OR ARE YOU CURRENTLY CHARGED WITH THE COMMISSION OF A FELONY? YES NO

IF YES, STATE WHAT, WHEN AND HOW: _____

(Note: This information does not disqualify you for employment)



EDUCATIONAL BACKGROUND

ARE YOU A HIGH SCHOOL GRADUATE OR HAVE YOU PASSED A GENERAL EDUCATION DEVELOPMENT (GED) TEST? YES NO

LIST COLLEGES, UNIVERSITIES OR PROFESSIONAL SCHOOLS ATTENDED. IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL COPIES OF THIS PAGE. (TRANSCRIPTS MAY BE REQUIRED.)

SCHOOL NAME AND LOCATION	MAJOR/MINOR OR COURSE OF STUDY	HOURS COMPLETED	DEGREE OBTAINED

LIST ANY OTHER JOB-RELATED TRAINING OR COURSEWORK.
(VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED SERVICES, ETC.)

SCHOOL NAME AND LOCATION	COURSE OF STUDY	LICENSE, REGISTRATION OR CERTIFICATION OBTAINED

LIST JOB-RELATED LICENSURE, REGISTRATION OR CERTIFICATION.
(TEACHER CERTIFICATION, NURSING LICENSURE, TRADE LICENSURE, ETC.)

LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	LICENSING AGENCY OR BOARD



EMPLOYMENT EXPERIENCE

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and volunteer work. List each promotion or transfer as a separate job, even if they were with the same employer. If needed, attach additional copies of this page. All information in this section must be completed. **Please provide a cover letter and a copy of your resume with this completed application form.** Employers and supervisors may be contacted regarding your work experience.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

EMPLOYER'S NAME AND ADDRESS: _____

EXACT TITLE OF YOUR POSITION: _____

FROM: _____ TO: _____ AVERAGE HOURS PER WEEK: _____
(MONTH/YEAR) (MONTH/YEAR)

DUTIES (BE SPECIFIC): _____

APPROXIMATE ENDING SALARY: _____ PER: _____

SUPERVISOR'S NAME AND TITLE: _____

PHONE NUMBER: _____ EMAIL: _____

NUMBER AND OCCUPATION OF EMPLOYEES YOU SUPERVISED: _____

REASON FOR LEAVING: _____

EMPLOYER'S NAME AND ADDRESS: _____

EXACT TITLE OF YOUR POSITION: _____

FROM: _____ TO: _____ AVERAGE HOURS PER WEEK: _____
(MONTH/YEAR) (MONTH/YEAR)

DUTIES (BE SPECIFIC): _____

APPROXIMATE ENDING SALARY: _____ PER: _____

SUPERVISOR'S NAME AND TITLE: _____

PHONE NUMBER: _____ EMAIL: _____

NUMBER AND OCCUPATION OF EMPLOYEES YOU SUPERVISED: _____

REASON FOR LEAVING: _____

GIVE NAME, PHONE NUMBER AND EMAIL ADDRESS OF THREE PROFESSIONAL REFERENCES WHO ARE NOT RELATED TO YOU.

NAME PHONE EMAIL

NAME PHONE EMAIL

NAME PHONE EMAIL

STATEMENT OF CERTIFICATION By signing this application I certify that the facts contained in this application packet are true and complete to the best of my knowledge. I understand that if I become employed, falsified statements on this application or in interview(s) may be grounds for dismissal. I authorize investigation of all statements and information contained herein. Specifically, I authorize the Association to make all necessary and appropriate investigations allowable by law to verify the information provided. I understand that if I am hired I will be required to produce proof that I have a legal right to work in the U.S.A. in accordance with the Immigration Reform and Control Act of 1986 and to abide by all rules and regulations of the Association.

SIGNATURE OF APPLICANT DATE

FOR OFFICE USE ONLY: THIS SECTION TO BE COMPLETED BY INTERVIEWER.

ARRANGE INTERVIEW: YES NO REMARKS: _____

REFERENCES CHECKED: YES NO REMARKS: _____

OTHER COMMENTS: _____