

# KINGFISHER COUNTY

## APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with Kingfisher County. We are an equal opportunity employer and give employment and promotional consideration without regard to race, color, sex, religion, age, national origin, marital or veteran status, disability, or any other protected class as defined by local, state, or federal law. We seek applicants for employment who are qualified, dedicated, hardworking, and who seek fulfilling employment. In return Kingfisher County offers competitive income, benefits and an excellent working environment.

Kingfisher County is your employer for the purposes of managing the day-to-day operations of the County and the employees; this includes responsibility for: the worksites, scheduling of work, safety, and the direction of the individual employees in their positions.

*Applicants may be subject to a pre-employment background check and drug testing. Employment is conditional based upon the results of the background and drug screenings. In addition, employees in certain positions are subject to random drug testing.*

*Note: Elected County Officials under law may not hire, appoint or approve the employment or appointment of any person who is related by blood or marriage within the third degree. (Okla. Stat. Ann. Tit. 21, § 481-487)*

Applications are active for 30 days, but remain on file for one year.

PERSONAL INFORMATION			Date of Application _____	
Name				
Last	First	Middle		
Address				
Street	City	State	Zip	
Phone Number _____		Email Address _____		

An I-9 is required of all employees to determine eligibility to work in the United States. Upon employment, can you provide genuine documentation establishing your identity and employment eligibility?

Yes  No

Are you 18 years or older?

Yes  No

If you are under 18 years of age, can you provide proof of your eligibility to work?

Yes  No

(Verification will be required and failure to furnish documentation will be cause for separation)

Have you ever been arrested or convicted of a crime or violation, other than a minor traffic infraction? (A conviction record will not necessarily bar employment.)

Factors such as job relatedness, age of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)

Yes  No

If Yes, please explain: \_\_\_\_\_

Do you hold a current and valid Oklahoma driver's license?

Yes  No

If Yes, give type, expiration date, and number:

Type: D  C  B  A

Endorsements: \_\_\_\_\_

Restrictions: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

EMPLOYMENT DESIRED  Full Time  Part Time  Temporary

POSITION APPLYING FOR:

Courthouse:  Administrative/Clerical  Other (Be Specific) \_\_\_\_\_

District Shop:  Equipment Operator  Truck Driver  Other (Be Specific) \_\_\_\_\_

Sheriff's Dept:  Deputy  Jailor  Other (Be Specific) \_\_\_\_\_

Have you ever been employed with Kingfisher County before?  Yes  No  
If Yes, give dates and position: \_\_\_\_\_

Do you have the ability to perform the job-related functions of the job applied for? Yes  No   
If No, please describe what reasonable accommodations would enable you to perform the job-related functions of the job applied for. \_\_\_\_\_

**EDUCATION**

Did you graduate from High School or receive an equivalent degree?  Yes  No

Name of School: \_\_\_\_\_ Highest Grade: \_\_\_\_\_

College: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

Other: \_\_\_\_\_

**GENERAL**

List any special course, seminars, and/or training that relate to the position for which you are applying.

List any professional, trade, or civic organizations that relate to the position for which you are applying.

[Omit any organization which reflects your race, color, sex, religion, age, national origin, marital or veteran status, disability, sexual orientation, gender identity, or any other protected class as defined by local, state, or federal law.]

**FORMER EMPLOYERS: List Last Three Employers, Starting With Most Recent First.**

**\*\*Indicates Required Information. These Sections Must Be Completed; "See Attached Resume" Is Not Acceptable.**

1.	<b>**Dates of Employment:</b> From / / To / /	<b>**Name of Employer:</b>	<b>**Last Position Held:</b>
	<b>**Employer Address:</b> (Street, State, Zip)		Phone Number:
	<b>**Starting Wages:</b>	<b>**Ending Wages:</b>	Supervisor's Name:
	Reason for Leaving:		

List jobs held, duties performed, skills used or learned, and advancements or promotions while you worked at this company. Also list what you liked most and least about this job.

2.	<b>**Dates of Employment:</b> From / / To / /	<b>**Name of Employer:</b>	<b>**Last Position Held:</b>
	<b>**Employer Address:</b> (Street, State, Zip)		Phone Number:
	<b>**Starting Wages:</b>	<b>**Ending Wages:</b>	Supervisor's Name:
	Reason for Leaving:		

List jobs held, duties performed, skills used or learned, and advancements or promotions while you worked at this company. Also list what you liked most and least about this job.

3.      **\*\*Dates of Employment:**                      **\*\*Name of Employer:**                      **\*\*Last Position Held:**  
From    /    /    To    /    /  
**\*\*Employer Address:**    (Street, State, Zip)                      Phone Number:  
**\*\*Starting Wages:**                      **\*\*Ending Wages:**                      Supervisor's Name:  
Reason for Leaving:

List jobs held, duties performed, skills used or learned, and advancements or promotions while you worked at this company. Also list what you liked most and least about this job.

**PROFESSIONAL REFERENCES: Give The Names Of Three Non-Relative Professional References, Whom You Have Known For At Least 1 Year.**

Name	Phone	Business / Relationship	Years Acquainted
1.			
2.			
3.			

**ADDITIONAL INFORMATION**

List any additional information you feel may be helpful to us in considering your application:

I certify that the above information is true and correct and give authorization for investigation of all statements and information contained in this application, my resume, and other documents or verbally obtained during an employment interview. I voluntarily consent to allow Kingfisher County, or any of its representatives or agents to check my references by contacting any persons, company of governmental entity they deem to be an appropriate reference. I understand these questions may pertain to my personal or educational background, work experience, character and behavior. I understand my employment is subject to satisfactory verification of this information and agree that deliberate falsification of this document or significant omissions shall be grounds for employment consideration disqualification or dismissal from employment, if discovered at a later date.

I understand that completion of this Application for Employment does not imply or guarantee employment by Kingfisher County. All employment by Kingfisher County is at-will and as such the relationship may be terminated by Kingfisher County, at any time, with or without notice and with or without cause. I understand that County policies, procedures, practices or statements made during an interview or employment do not create an employment contract by implication or otherwise.

This application will be active for thirty days. If not contacted during that period of time, it may be necessary to complete another application to receive further employment consideration.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**KINGFISHER COUNTY  
AUTORIZATION TO RELEASE INFORMATION FOR EMPLOYMENT**

THIS MUST BE ATTACHED TO YOUR COMPLETED APPLICATION

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

To whom it may concern,

I am an applicant for employment with Kingfisher County. This agency needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency. Additional background information may be requested for specific positions.

I hereby request and authorized you to release to Kingfisher County any and all information or records concerning me, my background and personal history, my employment, education, military service, or criminal history. The intent of this authorization is to give my consent for full and complete disclosure of any and all information or records, including photocopies, whether private, public, confidential, or privileged, and to include the contents or investigatory files, evaluations, ratings complaints, or grievances filed against me.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

I agree to indemnify and hold harmless any person to whom this request is presented and his or her agents and employees from and against all claims, damages, losses and expenses, arising out of or by reason of complying with this request.

Failure to release the information requested may result in the discontinuance of the background investigation and the processing of my application.

For and in consideration of Kingfisher County acceptance and processing of my application for employment, I agree to hold the County, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

This authorization is valid for one (1) year from the date of my signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

Requesting Agency: Kingfisher County  
101 South Main, Rm 3  
Kingfisher, OK 73750

## DRUG AND/OR ALCOHOL TESTING CONSENT FORM

In connection with my offer for employment with Kingfisher County, I hereby agree as follows:

I have applied for employment with Kingfisher County. As a condition of my employment being considered, I understand and agree to undergo drug and/or alcohol screening. I understand that I will be provided a copy of the drug and alcohol screening policy, and I further understand that if my test results are positive, I shall not be considered further by Kingfisher County for employment.

I hereby authorize any physician, laboratory, hospital, or medical professional retained by the County for screening purposes to conduct such screening and to provide the results to the County, and I release the County and any person affiliated with Kingfisher County and any such institution or person conducting the screening, from liability thereof.

Kingfisher County shall be entitled fully to rely on this Consent Form. I understand that I have no guarantee of employment and that the County may determine not to hire me for any lawful reason.

APPLICANT

KINGFISHER COUNTY

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date