



Employment Application

City of Tuttle

P.O. Box 10 • 221 W. Main • Tuttle, Oklahoma • 73089 • (405) 381-2335 • Fax (405) 381-3852

Programs, services and employment are available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date: _____

PLEASE PRINT

Position applied for: _____

Applicant Data:

How were you referred to us: _____

Full Name: _____

Mailing Address: _____

Phone: () Cell/Other Phone: () E-Mail Address: _____

Date available to start: _____ Salary Requirements: _____

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Have you ever worked for the City of Tuttle? Yes No If yes, when? _____

Do you have a relative who works for the City of Tuttle or is on the City Council? Yes No If yes, who? _____

Are you a citizen of the United States? Yes No If not, do you have work papers? _____

Type of employment desired: Full-time Part Time Temporary Seasonal

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, give details: _____

References:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: _____

Address: _____ city _____ state _____ zip _____

Name: _____ Phone: _____

Address: _____ city _____ state _____ zip _____

Emergency Contact:

Name: _____ Relationship to you: _____
Address: _____ City _____ State _____ Zip Code _____
Phone: _____

Previous Employment (begin with most recent position):

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary: _____ Title: _____ Current/Ending Salary: _____ Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary: _____ Title: _____ Ending Salary: _____ Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary: _____ Title: _____ Ending Salary: _____ Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____