

City of Kingfisher 301 N. Main St.

Kingfisher, OK 73750

Employment Application

		Applicant In	formation			
Full Name:	Last	First		Date:		
	Lasi	FIISL		IVI.I.		
Address:	Street Address				Apartment/Unit #	
	City			State	ZIP Code	
Phone:		E	mail			
Date Availab	ole: Do	you have a valid drive	rs license?.:	Desired S	alary: <u>\$</u>	
Position App	olied for:					
					YES NO in the U.S.?	
Have you ever worked for the City? YES NO ☐ ☐ If yes, when?						
Have you ev	ver been convicted of a felo	YES NO ny?	you related to	o any City employe	ee or Elected Official?	
If yes, expla	in:					
		Educa	ition			
High School	:	Address:_				
From:	To:	Did you graduate?	YES NO	Diploma::		
College:		Address:_				
From:	To:	Did you graduate?	YES NO	Degree:		
Other:		Address:_				
From:	To:		YES NO	Degree:		
		Refere	nces			
Please list t	hree professional referen	ces.				
Full Name:				Relationsh	ip:	
Company:				Phor	ne:	
Address:	Email:					

Full Name:				Relationship:			
				Phone:			
Address:	Email:						
Full Name:				Relationship:			
Company:				Phone:			
Address:			Email:				
	Previous E	Employme	ent				
Company:				Phone:			
Address:				Supervisor:			
Job Title:	Starting S	Starting Salary:					
Responsibilities:							
From:	To:	Reason fo	or Leaving:				
May we contact your	previous supervisor for a reference?	YES	NO				
	previous supervisor for a reference?						
iviay we contact your	previous supervisor for a reference?						
Company:	previous supervisor for a reference?			Phone:			
Company:				Phone:Supervisor:			
Company: Address:							
Company: Address: Job Title:		Salary: <u>\$</u>		Supervisor:			
Company: Address: Job Title:	Starting S	Salary: \$		Supervisor:			
Company: Address: Job Title: Responsibilities: From:	Starting S	Salary: \$	or Leaving:_	Supervisor:			
Company: Address: Job Title: Responsibilities: From: May we contact your	Starting S To: previous supervisor for a reference?	Salary: \$ Reason fo	or Leaving:_	Supervisor:			
Company: Address: Job Title: Responsibilities: From: May we contact your Company:	Starting S To: previous supervisor for a reference?	Salary: \$ Reason fo	or Leaving:_	Supervisor: Ending Salary: Phone:			
Company: Address: Job Title: Responsibilities: From: May we contact your part of the company: Company: Address:	Starting S	Salary: \$ Reason fo	or Leaving:_	Supervisor: Ending Salary: Phone: Supervisor:			
Company: Address: Job Title: Responsibilities: From: May we contact your Company: Address: Job Title:	Starting S	Reason for YES	or Leaving:	Phone: Supervisor: Ending Salary: Phone: Supervisor: Ending Salary: **Ending Salary:**			
Company: Address: Job Title: Responsibilities: From: May we contact your Company: Address: Job Title:	Starting S	Reason fo	or Leaving:	Phone: Supervisor: Ending Salary: Phone: Supervisor: Ending Salary: **Ending Salary:**			

	Military Service		
Branch:	From	m:	To:
Rank at Discharge:	Type of Discharg	je:	
If other than honorable, explain:		Rentry Code:	
Disc	aimer and Signature		
I certify that my answers are true and complete	to the best of my knowledge		
I hereby grant permission to the City of Kingfish understand that this application is not a contract City of Kingfisher and all agents thereof from all information contained in this application form. Some drug screening prior to offer of employment.	t of employment nor an offer liability in making any invest	of employmen tigation and inc	t. I hereby release the quiry relative to
Signature:		Date:_	
The City of Kingfisher is an Equal Opportunity Empreligion, age, sex, national origin, marital status, di expression, or any other reason prohibited by law.			

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Date Received:___