

McClain County

121 North 2nd Avenue
Purcell, Oklahoma 73080

Application for Employment

NOTICE TO ALL APPLICANTS: It is the policy of McClain County to provide equal opportunities for employment retention, transfer and reassignment, advancement and rehire of all persons regardless of age, race, color, creed, national origin, political affiliation, religion, physical/mental disability or gender. McClain County is a drug-free workplace. Candidates offered employment are required to pass a drug and/or alcohol test before beginning employment. In addition, employees in certain positions are subject to random drug testing.

DATE: _____

PERSONAL DATA:

Name: _____
(Last) (First) (Middle)

Permanent Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: _____

EMPLOYMENT PREFERENCE:

Full-Time Part-Time Temporary

POSITION APPLYING FOR:

Courthouse: Administrative/Clerical Other (Be Specific) _____

District Barn: Equipment Operator Truck Driver Other (Be Specific) _____

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

GENERAL INFORMATION:

Have you ever been employed with McClain County? Yes No

If yes, give dates and position: _____

Are you currently employed or under contract? Yes No

On what date would you be available for employment? _____

Oklahoma has a nepotism law which prohibits hiring any person who is related by blood or marriage to the third degree. Do you have a relative who is currently employed by McClain County? Yes No
Please explain: _____

An I-9 is required of all employees to determine eligibility to work in the United States. In addition, 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)

Do you have the ability to perform the job-related functions of the job applied for? Yes No
If the answer to the above question is no, please describe what reasonable accommodations would enable you to perform the job-related functions of the job applied for: _____

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: _____

License Number: _____

Expiration Date: _____

Have you been arrested or convicted of a felony/misdemeanor in the last 5 years? Yes No

If yes, please explain: (Note: this information does not in itself disqualify you from employment)

EDUCATION:

High School: _____

Graduated Yes No

Completed through _____

College: _____

Graduated Yes No

Completed through _____

Other: _____

EMPLOYMENT HISTORY:

Please list a complete record of your experience:

Name: _____

From: _____ To: _____

Address: _____

Beginning Pay: _____ Ending Pay: _____

Job Title: _____

Duties: _____

Name of Supervisor: _____

May we contact: _____

Reason for leaving: _____

Telephone: _____

Name: _____

From: _____ To: _____

Address: _____

Beginning Pay: _____ Ending Pay: _____

Job Title: _____

Duties: _____

Name of Supervisor: _____

May we contact: _____

Reason for leaving: _____

Telephone: _____

Name: _____
Address: _____
Job Title: _____
Name of Supervisor: _____
May we contact: _____
Reason for leaving: _____
Telephone: _____

From: _____ To: _____
Beginning Pay: _____ Ending Pay: _____
Duties: _____

CLERICAL APPLICANTS:

Clerical Skills/Computer

Experience: _____

References: (List three persons not related to you, who you have known at least one year)

1. _____
(Name) (Address)

(Occupation) (Years Acquainted) (Phone Number)

2. _____
(Name) (Address)

(Occupation) (Years Acquainted) (Phone Number)

3. _____
(Name) (Address)

(Occupation) (Years Acquainted) (Phone Number)

NOTICE TO APPLICANT:

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 employment related benefits (not required by law).

I understand that my application will remain active one (1) year from date of application and that I should notify the Personnel Office, in writing, if I wish to be considered beyond that period.

I certify to the best of my knowledge the facts set forth in my application are accurate and complete.

Legal signature of applicant

Date

Please Note: Completion of this application DOES NOT GUARANTEE AN INTERVIEW OR EMPLOYMENT with McClain County. Your application will be placed in an active file for one (1) year from the date completed.

*****RETURN COMPLETED APPLICATIONS TO THE OFFICE IN WHICH YOU ARE APPLYING***

McCLAIN COUNTY
AUTHORIZATION TO RELEASE INFORMATION FOR EMPLOYMENT

THIS MUST BE ATTACHED TO YOUR COMPLETED APPLICATION

Applicant's Name: _____

Current Address: _____

To Whom It May Concern:

I am an applicant for employment with McClain 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 authorize you to release to McClain 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 of investigatory files, evaluations or 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 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 McClain County acceptance and processing of my application for employment, I agree to hold the Agency, 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:** _____

Subscribe and sworn to before me this _____ day of _____, 20____.

Notary Public
My commission expires: _____

DRUG AND/OR ALCOHOL TESTING CONSENT FORM

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

I have applied for employment with McClain 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 McClain 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 McClain County and any such institution or person conducting the screening from liability thereof.

McClain 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

McCLAIN COUNTY

Signature

Employer Representative Signature

Printed Name

Printed Name/Title

Date

Date