



CITY OF LAWTON OKLAHOMA EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Application instructions:

Type or print in ink

Applications are only accepted for positions that are currently open.

ALL information must be completed. Incomplete applications or illegible applications will not be considered. (includes required information such as typing/spelling scores, transcriptions, etc.) A resume may be included but does not take the place of completing the application.

If additional space is needed to give full answers or explanations please attach additional sheets and include your name on the sheet(s).

Please read and consider the requirements for the position for which you are applying.

Be sure the application is returned (postmarks do not count) no later than the closing date and time listed on the job announcement. Late applications will not be considered.

If you require an accommodation during the application/interview process please contact the Human Resources Department at 580-581-3392. Office hours are 8 am to 12 pm and 1 pm to 5 pm.

The application and attachments become the official property of the City of Lawton when submitted and will not be returned, reused or copied for you.

If you have any questions please contact the Human Resources Department at:

City of Lawton

212 SW 9th

580-581-3392

580-581-3530 (fax)

HR@cityof.lawton.ok.us

www.cityof.lawton.ok.us

1. Last name	2. First name	3. Middle name
4. Mailing address	5. City	6. State and zip
7. Daytime phone	8. Evening phone	9. Email
10. Social Security Number	11. Date of application	
12. Job title as on the announcement	13. Announcement #	
14. Do you have the legal right to work in the United States? YES NO	15. Are you 18 years of age or older? YES NO	
16. Are you able to perform all the essential functions of the job for which you are applying, with or without, reasonable accommodation? YES NO		

17. Are you related, by blood or marriage, to any City of Lawton employee, council member or the mayor? YES NO If yes state who and how related.

18. Have you previously worked for the City of Lawton? YES NO If yes:
 Position _____ Division _____ From _____ to _____
 Reason for leaving _____

EDUCATION

NAME OF SCHOOL	City/State	Areas of Study	Did you graduate?	Type of Degree
High School				
Vocational School				
College/University				
GED				

Please list any licenses, certifications, additional training/skills, volunteer work, work shops etc.

Are you a U.S. Veteran? YES NO Branch of Service _____ Dates of service _____

Specific military training that is related to the job you are applying for:

REFERENCES

Name	Occupation	Relationship	Contact #	May we contact?

Page 4 Name _____

Employing firm _____	Address _____			
Phone _____	Your title _____	From _____	to _____	Ending salary _____
Supervisors name _____	May we contact? _____			
Reason for leaving _____				
Specific duties:				

Please list any other names you may be known by (example maiden names, nicknames etc)

READ CAREFULLY! Application **must** be signed to be valid.

All statements made on this application are true and correct. I understand that any false, incomplete, material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment or termination from employment. I understand that if a conditional offer of employment is made I agree to submit to a drug screen and/or physical examination. I authorize any physician/hospital/lab/agents to release any information necessary to determine the ability to perform job functions and compliance with City of Lawton drug and alcohol policies. I understand the City of Lawton may investigate/verify information provided on this application/attachments/interviews and I authorize such action. I further authorize current/former employers to release information requested. The City of Lawton participates in eVerify. Federal law requires all employers to verify the identify and employment eligibility of all persons hired to work in the United States, The City will provide the Social Security Administration(SSA) and if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

I have read and agree to the above statements:

Signature _____ Date _____

OFFICE USE ONLY

Typing WPM	Errors	Spelling	10 Key	LPD	LFD

Name _____ SSN _____

Completion of this page is required to satisfy Equal Opportunity statistical and monitoring requirements. This page is removed from the application after processing. All qualified applicants will receive consideration without regard to race, color, religion, sex, age, national origin, veteran status or qualified disability. Submission of information is voluntary.

Date of birth:	Male	Female	Vietnam Era Veteran	Other Eligible Veteran
Race/Ethnicity				
American Indian or Alaskan Native				
Asian				
Black or African American				
Hispanic				
Native Hawaiian or other Pacific Islander				
White				
Two or more races				
How did you hear about this position?				
City Bulletin Board				
City Job Line Recording				
City Web Site				
Occupation specific website				
Employee referral				
Friend/Family				
Job Fair				
Newspaper)				
Other media or method _____				
JOB APPLIED FOR _____ ANNOUNCEMENT # _____				