COMANCHE COUNTY

EMERGENCY MANAGEMENT

EMPLOYMENT APPLICATION

How did you find out Comanche County Emergency Management is accepting applications?

- ☐ Walk In
- ☐ Friend
- ☐ Newspaper
- ☐ Other _____
- ☐ Employment Agency
- ☐ Current/Former Employee
- ☐ County Website

_____ _____

APPLICANT'S PRINTED NAME TELEPHONE NUMBER

APPLICATION FOR EMPLOYMENT

COMANCHE COUNTY EMERGENCY MANAGEMENT
315 SW 5TH STREET
ROOM 107
LAWTON, OK 73501

Comanche County Emergency Management accepts applications for employment without regard to race, color, religion, creed, gender, national origin, disability, marital status, veteran status, political affiliation, or any other legally protected status.

- This is an application for employment and no employment contract is being offered.
- Print clearly in black ink or type. Answer each question fully and accurately. Incomplete applications will not be considered. All information on your application is subject to verification.
- Any misrepresentations, deceit or omissions on your application could result in automatic disqualification. All sections in the employment application are applicable to you regardless of position for employment you are applying for.
- Comanche County Emergency Management is a Drug Free workplace. Candidates offered employment are required to pass a pre-employment drug and/or alcohol test before beginning employment. In addition, employees in certain positions are subject to random drug testing.

POSITION APPLIED FOR

Position and Office	Date of Application	Date Available to Start

Circle One: ◯ Full-Time ◯ Part-Time ◯ Temporary

Have you ever been employed with Comanche County Emergency Management? ◯ Yes or ◯ No

If yes, give dates and position: _____

Are you currently employed or under contract: ◯ Yes or ◯ No

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 Comanche County Emergency Management?

◯ Yes or ◯ No

Please explain:

_____

An I-9 is required of all employees to determine eligibility to work in the United Sates. In addition, if you are under 18 years of age, can you provide proof of your eligibility to work? ◯Yes or ◯No

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

Do you have the ability to perform the job-related functions of the position applied for? ◯Yes or ◯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 position applied for.

PERSONAL DATA

Last Name	First Name	Middle Name

Are there any other aliases or other names you go by? If so, please list below:

Home Phone: (include area code)	Cell Phone: (include area code)	E-mail address:
Do you hold a current and valid Oklahoma Driver's license? ◯Yes or ◯No	If Yes, give Type: ☐D ☐C ☐B ☐A Endorsements: _____	License Number: _____ Expiration Date: _____

Present Address: _____
Street City State Zip code County

Mailing Address, if different: _____
Street City State Zip code County

EMPLOYMENT HISTORY – List chronologically for the past ten (10) years all present and past employers. Include summer, part-time and self-employment, if additional space is needed, attach to this application.

May past employers be contacted? ◯ Yes or ◯ No

Current or latest Employer	Phone Number (including area code)	
Address	Start Date Beginning Wage $	Ending Date Ending Wage $
City	State	Zip Code
Job Title	Work Preformed	
Supervisor's name	Reason for Leaving	

Employer Name	Phone Number (including area code)	
Address	Start Date Beginning Wage $	Ending Date Ending Wage: $
City	State	Zip Code
Job Title	Work Preformed	
Supervisor's name	Reason for Leaving	

Employer Name	Phone Number (including area code)	
Address	Start Date Beginning Wage $	Ending Date Ending Wage $
City	State	Zip Code
Job Title	Work Preformed	
Supervisor's name	Reason for Leaving	

Employer Name	Phone Number (including area code)	
Address	Start Date Beginning Wage $	Ending Date Ending Wage $
City	State	Zip Code
Job Title	Worked Preformed	
Supervisor's name	Reason for Leaving	

Employer Name	Phone Number (including area code)	
Address	Start Date Beginning Wage $	Ending Date Ending Wage $
City	State	Zip Code
Job Title	Work Preformed	
Supervisor's name	Reason for Leaving	

Employer Name	Phone Number (including area code)	
Address	Start Date Beginning Wage $	Ending Date Ending Wage $
City	State	Zip Code
Job Title	Work Preformed	
Supervisor's name	Reason for Leaving	

REFERENCES – Give at least three (3) references, not relatives or former employers, who are responsible adults of reputable standings in their communities, such as business or professional persons, supervisors or co-workers, who have known you well during the past five (5) years.

Name	How do you know them?	
Address	City	State
Phone Number	Years Known	

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Address	City	State
Phone Number	Years Known	

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Phone Number	Years Known	

EDUCATION/ADDITIONAL INFORMATION

Name and Address of School	Circle Highest Year Finished	Type of Diploma/Degree
High School	09 10 11 12	
College	01 02 03 04	
College	01 02 03 04	
Graduate, Professional, Business or Trade School	01 02 03 04	

Do you have any special skills or abilities? (If yes, please list each)

COURT RECORDS

Have you ever been arrested or convicted of a misdemeanor or felony in the last five (5) years? If yes, please list below. (Note: this information does not in itself disqualify you from employment)	Yes ☐ No ☐

Date of Arrest	Date of Offense	Date of Conviction	Police Agency	Charge	Disposition

MILITARY RECORDS

Do you have any prior military service?	Yes ☐ No ☐

Are you currently in the military?	Yes ☐ No ☐

Describe any training received in the United States Military that may apply to the position that you are pursuing:

CLERICAL APPLICANTS:

Please list Clerical Skills:

ALL APPLICANTS:

Please list Computer Experience:

APPLICANT'S STATEMENT

I understand that this is an application for employment and no employment contract is being offered. All information on my application is subject to verification.

I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the employment of Comanche County Emergency Management. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I also understand that this employment application shall become the property of Comanche County Emergency Management and that it and the information received in response to the background investigation are public records.

I further understand and agree that my employment will be contingent upon the results of a pre-employment drug test and that I may be required to take drug tests during the term of my employment with Comanche County Emergency Management. In the event of employment, I understand that I am required to abide by all the policies and procedures of Comanche County Emergency Management.

I understand that there may be situations that, I may be required to work overtime hours or hours outside a normally defined work day or work week. 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.

I understand that submitting this application DOES NOT GUARANTEE AN INTERVIEW OR EMPLOYMENT with Comanche County Emergency Management.

I certify that all the answers given within this application are true and complete to the best of my knowledge.

I understand that to be considered for employment I shall submit the following documents with my application and that these are attached:

1. RESUME
2. A copy of the applicant's high school diploma or GED certificate
3. A copy of the applicant's college diploma or transcript, if applicable
4. A copy of the applicant's military form DD-214, if applicable
5. A copy of any special license(s) and/or certificate(s) that the applicant may hold

I understand that the following documents will be required to be submitted after a conditional offer of employment is given:

6. A copy of my current and valid Driver's license
7. A copy of my social security card.
8. A copy of the applicant's Foreign National Work Permit, if applicable.
9. A completed "I-9" form "Employment Eligibility Verification".

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

_____ _____

Signature of Applicant Date

NOTARY:

Subscribed and sworn to before me this _____ day of _____, _____.

_____

Notary Public

_____

My Commission Expires