

SEMINOLE COUNTY DISTRICT 3 is taking applications for **Class A CDL Driver**.

To qualify you must be at least 18 years of age with a valid Class A driver's license. You will be subject to drug and alcohol testing at the time of hiring and random testing throughout the time of employment.

APPLICATIONS WILL BE ACCEPTED AT:

SEMINOLE COUNTY DISTRICT 3

12845 NS 3650

WEWOKA, OK 74884

(405) 257-3652

EMPLOYMENT APPLICATION

Date: _____ **Date of Birth:** Month _____ Day _____ Year _____

Name: (Last) _____ (First) _____ (Middle) _____ SSN. # _____ Telephone # _____

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

Emergency Contact

Name _____ Phone Number _____

OTHER EMPLOYMENT RELATED INFORMATION

Check the following options which you would consider _____ Full Time _____ Part Time _____ Temporary
List any relative working for this County:
Name _____ Department _____

If Minor, Age _____
Can you after employment submit a birth certificate or other proof of U. S. citizenship? ___yes ___No

If not a U. S. Citizen, can you after employment submit verification of your legal right to work permanently in the U. S.? _____Yes _____No

Were you previously employed by this County? ___yes _____No
Have you ever been convicted of a felony or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last ten years? ___Yes ___No If Yes Explain:
_____ (Conviction will not necessarily Disqualify an applicant.)

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 accommodations would enable you to perform the job related functions of the job applied for. _____

-----EDUCATION & TRAINING-----

High School Address Graduated ___Yes ___No

College or University Address Major Degree/Year

Trade School Address Subjects Completed ___Yes ___No

EEO/ADA Statement: This County does not discriminate on the basis of religion, sex, age, national origin, and political affiliation, mental or physical disability in its hiring or employment practices.

List any other education, training, special skills, or certificates/licenses that you possess related to this job. _____

List any machines or equipment that you are qualified and experienced at operating: _____

REFERENCES

List business persons known; but not related, to you for at least three years:

Name	Title	Business	Phone	Years Known
1. _____				
2. _____				
3. _____				

Experiences

List the last 5 years' work experience beginning with most recent

Name of Employer	Type of Business			
Address	City	State	Zip Code	Phone () -
Dates Employed From: To:	Starting Title	Last Title		
Name and Title Of Supervisor:	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for leaving?	
Brief Description of Duties: _____				

Name of Employer	Type of Business			
Address	City	State	Zip Code	Phone () -
Dates Employed From: To:	Starting Title	Last Title		
Name and Title Of Supervisor:	May we Contact: <input type="checkbox"/> yes <input type="checkbox"/> No	Was Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving	
Brief Description of Duties: _____				

Name of Employer	Type of Business			
Address	City	State	Zip Code	Phone () -
Dates Employed From To	Starting Title	Last Title		

Name and Title Of supervisor:	May we Contact? ____ Yes ____ No	Was Employment ____ Full Time ____ Part Time	Reason for Leaving
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Brief Description of Duties: _____

<p>Drivers</p> <p>Do you have a valid driver's License in this state? ____ Yes ____ No</p> <p>If yes, License No.: _____</p> <p>List license type: _____</p> <p>List any moving violation during the last five years on back of page _____</p>	<p>Position Applying For</p> <p>____ Laborer ____ Truck driver ____ Mechanic ____ Equipment Operator ____ Commercial Building Location Specialist</p> <p>____ other (be Specific) _____</p>
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APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistant.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this County deems necessary, 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 or salary, wages, or employment related benefits (not required by law).

Date _____ Signature _____

The filling out and returning of this application to the county does not guarantee employment and does not constitute an offer of employment.