

## Seminole County District 1 is accepting applications for **Class A CDL Drivers.**

To qualify you must be at least 18 years of age with a valid Class A CDL 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 1

14097 Old Highway 99

Konawa, OK 74949

580-925-3692

**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 \_\_\_\_\_ List any relative working for this County: \_\_\_\_\_  
You would consider \_\_\_\_\_ Name \_\_\_\_\_ Department \_\_\_\_\_  
\_\_\_ Full Time \_\_\_\_\_ Part Time  
\_\_\_ Temporary

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

<b>Name of Employer</b>	<b>Type of Business</b>			
Address	City	State	Zip Code	Phone ( ) -
Dates Employed		Starting Title	Last Title	
From:	To:			
Name and Title Of Supervisor:	May we Contact? ___Yes ___No	Was Employment ___Full Time ___Part Time	Reason for leaving?	
Brief Description of Duties: _____				

<b>Name of Employer</b>	<b>Type of Business</b>			
Address	City	State	Zip Code	Phone ( ) -
Dates Employed		Starting Title	Last Title	
From:	To:			
Name and Title Of Supervisor:	May we Contact: ___yes ___No	Was Employment ___Full Time ___Part Time	Reason for Leaving	
Brief Description of Duties: _____				

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

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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
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Brief Description of Duties: \_\_\_\_\_

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

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