



Human Resources Department

APPLICANT NAME _____

POSITION APPLYING FOR: _____

TO: APPLICANTS FOR EMPLOYMENT WITH THE CITY OF GUYMON
FROM: HUMAN RESOURCES
SUBJECT: APPLICATION PROCESS

The application process with the City of Guymon is quite lengthy and very strictly regulated by several local, state and federal employment guidelines/regulations. While we have made every effort to simplify and expedite the selection process, many equal opportunity, affirmative action and merit system provisions must be monitored.

PLEASE READ THE FOLLOWING GUIDELINES CAREFULLY BEFORE COMPLETING THE APPLICATION FORM. THESE GUIDELINES ARE STRICTLY ENFORCED AND ADHERED TO. Complete all areas in their entirety, as applicable. AN INCOMPLETE APPLICATION IS UNACCEPTABLE

NEPOTISM: In accordance with the City's Policy and Procedure Manual, "No two individuals related by blood or marriage to the third degree shall be employed within the same lines of supervision or work unit in a department. Relatives of department heads and division heads shall not be hired within the same department."

CRIMINAL BACKGROUND CHECK: A criminal background check is required. This report will only be run after you have been offered a position with the City of Guymon. It will be done by a company we have contracted and the cost will be assessed to you and deducted from your first pay check. You must sign a form allowing us to verify your credentials.

DRIVING STANDARDS: If the position for which you are applying has, as an essential job function, the operating of a City vehicle, or may require driving a City vehicle, you must possess a properly classified, valid Oklahoma Driver's License and your driving record must meet the following driving standards:

1. No more than four (4) points on your driving record.
2. Possess the proper classification of driver's license for the job for which you are applying.
3. Possess and maintain a valid Oklahoma Driver's License during the course of your employment with the City, and maintain a driving record with no more than four (4) points as

set out in paragraph 1. above.

4. Must meet the approval of the City's insurance carrier.

Applicants for employment with the City of Guymon will have an MVR (Motor Vehicle Report) run by the same company, prior to full time employment with the City and this cost will be assessed and withheld also.

DRUG SCREEN TEST: You will be required to take a pre-employment drug screening test for employment consideration in accordance with the Oklahoma Standards for Workplace Drug and Alcohol Testing Act, The Mental Health Consortium and the City of Guymon Drug-Free Workplace Policy.

PHYSICAL SCREEN: You will be required to take a pre-employment physical test for employment consideration.

IMMIGRATION REFORM AND CONTROL ACT OF 1986: In accordance with the United States Code, Title 8, Section 132A, the City of Guymon must verify every individual's eligibility for employment in the United States. The Immigration and Naturalization Service and the United States Department of Labor require you to furnish the City of Guymon with document verification of employment eligibility.

At such time you are extended an offer of employment, you will be required to furnish documentation. Failure to furnish the City of Guymon with the requested documentation will result in denying you employment with the City.

Have you ever been convicted of a felony, had a deferred or suspended sentence entered against you on felony charge, or entered any plea of guilty (conditional or unconditional) or a plea of no contest to a felony offense? If so, please explain.

(Note: If your answer is yes to any of these questions, your response will not automatically disqualify you from being considered for the position for which you applied.)

Do you use illegal drugs? Yes No If yes, please explain _____

Do you require any reasonable accommodations to perform the job? Yes No

If yes please explain:

(Note: If your answer is yes to any of these questions, your response will not automatically disqualify you from being considered for the position for which you applied.)

Applicant Signature

Date

(Please feel free to contact the Human Resources staff if you have any questions regarding Guymon's selection process. In closing, let me thank you for your interest in considering the City of Guymon as a career option.)

City of Guymon

APPLICATION
FOR EMPLOYMENT

219 NW 4th St
Guymon, OK 73942
Attn: Human Resources

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or handicap.

(PLEASE PRINT)

Date of Application: _____

NOTE: application will be kept on file for 1 year from date

Position Applied For: _____

Referral By: Guymon Daily Herald Other advertisement _____
 Friend/Relative Walk-In
 City of Guymon Web Site Internet (which site?) _____

NAME: _____
Last First Middle

ADDRESS: _____
Number/Street City State Zip Code

HOME PHONE NUMBER: _____

Name and number where you may be contacted between the hours of 8:00 a.m. and 5:00 p.m.:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

.....
SOCIAL SECURITY NUMBER: _____

Have you filed an application here before? Yes No.

If yes, give date: _____ Position applied for: _____.

Have you ever been employed here before? Yes No. If yes, give date: _____.

Are you employed now? Yes No. If yes, may we contact your present employer? Yes
 No. A negative answer will not affect your being considered for employment.

Do you have a current Oklahoma driver's license? Yes No. Proof will be required.

Driver's License Number: _____ Expiration Date: _____
State: _____

Do you have a relative working for the City of Guymon Yes No.

If so, whom? _____ How are you related? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No.

Veteran of the U. S. Military service? Yes No.

If yes, Branch of Service: _____

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Seasonal?

Are you on a lay-off and subject to recall? Yes No

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name	City & State	DAYTIME TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION:

School Name	High School	College/University	Graduate
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
DEGREE OBTAINED: Training, Apprenticeships, and/or Extra-curricular Activities:			

Honors Received: _____

Do you possess a high school diploma or G.E.D. equivalent? Yes No **REQUIRED**
Are you currently a student in the high school listed above? Yes No

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Do not leave gaps in your employment history. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer:	Phone:	Dates Employed From: To:	Work Performed:
Address:		Hourly Wage/Salary Beginning: Ending:	
Job Title:			
Supervisor:			
Reason for leaving or for wanting to change jobs:			

Employer:	Phone:	Dates Employed From: To:	Work Performed:
Address:		Hourly Wage/Salary Beginning: Ending:	
Job Title:			
Supervisor:			
Reason for leaving or for wanting to change jobs:			

Employer:	Phone:	Dates Employed From: To:	Work Performed:
Address:		Hourly Wage/Salary Beginning: Ending:	
Job Title:			
Supervisor:			
Reason for leaving or for wanting to change jobs:			

If you need additional space, please continue on a separate sheet of paper.

Employer:	Phone:	Dates Employed From: To:	Work Performed:
Address:		Hourly Wage/Salary Beginning: Ending:	
Job Title:			
Supervisor:			
Reason for leaving or for wanting to change jobs:			

Employer:	Phone:	Dates Employed From: To:	Work Performed:
Address:		Hourly Wage/Salary Beginning: Ending:	
Job Title:			
Supervisor:			
Reason for leaving or for wanting to change jobs:			

SKILLS AND QUALIFICATIONS: Summarize skills, qualifications, certifications or licenses you may have that meet the qualifications for this job.

After reviewing the job description, can you perform the essential job functions with or without accommodations? Yes No

Would you be willing to demonstrate how you would do the essential job functions with or without reasonable accommodations? Yes No

State any additional information you feel may be helpful to us in considering your application.

List languages other than English that you speak proficiently, including communicating with the deaf.

NOTICE TO APPLICANTS

*****AGREEMENT*****

READ CAREFULLY BEFORE SIGNING

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading statements/answers will disqualify me from employment consideration.

The background information supplied by an applicant for a position opening will be checked. This check will cover the accuracy of the data furnished and the past performance record of the candidate. I hereby authorize the City of Guymon to investigate all statements contained in this application and verify the facts claimed by me on this application. I understand that such information is confidential, and the City cannot reveal the reason for rejection.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City.

I further understand and agree that my employment with the City of Guymon is "at will" and does not constitute an employment contract. I may resign my position and voluntarily leave employment, or my employment may be terminated at any time and for any reason.

I hereby grant permission to the City of Guymon to investigate and verify any of the information included in this application, and I agree to submit to a drug test and medical examination, if required.

Signature of Applicant

Date



Human Resources Department

EQUAL EMPLOYMENT OPPORTUNITY APPLICATION DATA FORM

The completion of this form is voluntary and will be kept in a confidential file separate from the Application for Employment; however, its completion will help the City of Guymon comply with state and federal reporting requirements. This information will be used for statistical purposes only and will not be used in the selection process. Thank you for providing us with this information.

Position Applied For: _____

Applicant Name: _____ Social Security No.: _____

Address: _____ City/State/Zip: _____

ETHNIC BACKGROUND

- Alaskan Native
- Asian
- American Indian
- Black
- Caucasian (White)
- Hispanic (Spanish Origin or Descent)
- Pacific Islander
- Other

SEX

- Male
- Female

DATE OF BIRTH: _____ AGE: _____

ACTIVE MILITARY SERVICE IN THE ARMED FORCES: Branch _____

From: _____ To: _____ Type of Separation: _____

Highest Rank Achieved: _____ Duties: _____

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- Vietnam Era Veteran
- Disabled Veteran
- Handicapped Individual



CITY OF GUYMON
HUMAN RESOURCES
DEPARTMENT

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the City of Guymon, Human Resources Department, bearing this release, or a photo copy thereof, within one year of its date, to obtain any information from your files pertaining to my employment records including, but not limited to, attendance, employment history and disciplinary records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the express use of the City of Guymon, Human Resources Department.

I hereby release you as the custodian of such records and, any school, college or university or other educational institution, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me because of compliance with this authorization and request to release information, or any attempt to comply with it.

A copy of this authority to release will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature: _____
(Full Name)

Date: _____

Typed or Printed: _____
(Full Name)

Current Address: _____

City/State/Zip: _____

Area Code/Phone No.: _____



APPLICANT AUTHORIZATION - EMPLOYMENT SCREENING

DISCLOSURE AND AUTHORIZATION FOR EMPLOYER TO ACCESS CONSUMER REPORTS
CITY OF GUYMON 219 NW 4TH ST GUYMON, OK 73942 580 338-0137

DISCLOSURE

By signing below, you acknowledge and understand that in connection with your application for employment with City of Guymon (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment* (if hired), we may obtain a "consumer report" and/or an "investigative consumer report" on you from TRAK-1 TECHNOLOGY, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law. A consumer report is a communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others. You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made. You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in City of Guymon's files on you at the time of your request by providing proper identification and the payment of any legally permissible fees. You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to TRAK-1 TECHNOLOGY should be forwarded to: Trak-1 Technology; Consumer Disputes; P.O. Box 52028; Tulsa, Oklahoma, 74152. 1 (800) 600 - 8999.

CALIFORNIA APPLICANTS: California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

MAINE APPLICANTS: Pursuant to Maine state law, § 1317(2), Trak-1 Technology is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer.

THE FAIR CREDIT REPORTING ACT GIVES YOU SPECIFIC RIGHTS IN DEALING WITH CONSUMER REPORTING AGENCIES. YOU WILL BE GIVEN A SUMMARY OF THESE RIGHTS TOGETHER WITH THIS DOCUMENT.

AUTHORIZATION

By signing below, you hereby authorize, without reservation, TRAK-1 TECHNOLOGY or any third party contacted by this organization to furnish the abovementioned and requested information. You further authorize ongoing procurement of the above-mentioned information, reports and records at any time during your employment or contract or in the course of considering you for employment. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish City of Guymon with any and all background information in their possession regarding you, so that your employment qualifications may be evaluated and/or reassessed.

ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF RIGHTS

By signing below, I certify: (1) that I have read and fully understand this disclosure and authorization; (2) that all of the information I am providing is true, complete, correct and accurate; and (3) that I have received the attached Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).

The following is information required in order for City of Guymon to obtain a complete consumer report:

FULL LEGAL NAME (First, Full Middle Name, Last Name)

STREET ADDRESS

CITY

STATE

ZIP

SOCIAL SECURITY NUMBER

DATE OF BIRTH *

DRIVER'S LICENSE NUMBER

ISSUING STATE

OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)

CONSUMER'S SIGNATURE

DATE

* This information will be used for background screening purposes only.

Check this box if you are a Minnesota, Oklahoma, or California applicant, and you would like to receive a copy of your consumer report, if one is obtained. For California applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For Minnesota applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For Oklahoma applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

NOTICE TO CALIFORNIA APPLICANTS ONLY: Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 Technology during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.



A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT CONSUMER RIGHTS NOTICE

- Para información en español, visite <https://www.ftc.gov/credit> o escriba a la FTC Consumer Response Center, Room 130 - 600 Pennsylvania Ave NW, Washington DC 20580.

A SUMMARY OF YOUR RIGHTS UNDER the FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September, 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or dispute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists on which these offers are based. You may opt-out with the nationwide credit bureaus at 1-800-392-7816.
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS	CONTACT
Consumer reporting agencies, creditors and others not listed below.	Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue Ste 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051