



EMPLOYMENT APPLICATION

How did you find out Emergency Management is accepting applications?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Current/Former Employee |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> County Website |
| <input type="checkbox"/> Other _____ | |

APPLICANT'S PRINTED NAME

TELEPHONE NUMBER

APPLICATION FOR EMPLOYMENT



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

Comanche County / Lawton Emergency Management / Lawton 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 / Lawton 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
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Circle One: Full-Time Part-Time Temporary

Have you ever been employed with Comanche County / Lawton 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 / Lawton Emergency Management?

Yes or No

Please explain:

An I-9 is required of all employees to determine eligibility to work in the United States. 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
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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? <input type="radio"/> Yes or <input type="radio"/> 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	Ending Date
	Beginning Wage \$	Ending Wage \$
City	State	Zip Code
Job Title	Work Performed	
Supervisor's name	Reason for Leaving	

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

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

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

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

Employer Name	Phone Number (including area code)	
Address	Start Date	Ending Date
	Beginning Wage \$	Ending Wage \$
City	State	Zip Code
Job Title	Work Performed	
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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Phone Number	Years Known	

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Address	City	State
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 _____
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Date of Arrest	Date of Offense	Date of Conviction	Police Agency	Charge	Disposition

MILITARY RECORDS

Do you have any prior military service?	Yes _____ No _____
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Are you currently in the military?	Yes _____ No _____
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Describe any training received in the United States Military that may apply to the position that you are pursuing:

ALL APPLICANTS:

Please list Emergency Management Experience:

ALL APPLICANTS:

Please list Computer Experience:

CLERICAL APPLICANTS:

Please list Clerical Skills:

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 / Lawton 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 / Lawton 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 / Lawton Emergency Management. In the event of employment, I understand that I am required to abide by all the policies and procedures of Comanche County / Lawton Emergency Management.

I understand that there may be situations that, I may be required to work overtime hours or hours outside a normally defined workday 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 bylaw).

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 / Lawton 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



APPLICATION FOR EMPLOYMENT AUTHORIZATION TO RELEASE INFORMATION

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

Applicant's Name: _____

Current Address: _____

Date of Birth: _____

SSN: _____

To Whom It May Concern:

I am an applicant for employment with Comanche County / Lawton Emergency Management. This agency needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

I hereby request and authorize you to release to Comanche County / Lawton Emergency Management all information or records concerning me, my background and personal history, my employment, education, military service, or criminal history. The intent of this authorization is to give my consent for full and complete disclosure of all information or records, including photocopies, whether private, public, confidential, or privileged, and to include the contents of investigatory files, evaluations, or rating complaints or grievances filed against me.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

I agree to indemnify and hold harmless any person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, arising out of or by reason of complying with this request.

Failure to release the information requested may result in the discontinuance of the background investigation and the processing of my application.

For and in consideration of Comanche County / Lawton Emergency Management's acceptance and processing of my application for employment I agree to hold the Agency, it's agents and employee's harmless from all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

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

Signature of Applicant

Date: _____

DRUG AND/OR ALCOHOL TESTING CONSENT FORM

In connection with my offer for employment with Comanche County / Lawton Emergency Management, I hereby agree as follows:

I have applied for employment with Comanche County / Lawton Emergency Management. As a condition of my employment being considered, I understand and agree to undergo drug and/ or alcohol screening. I understand that I will be provided a copy of the drug and alcohol screening policy, and I further understand that if my test results are positive, I shall not be considered further by Comanche County / Lawton Emergency Management foremployment.

I hereby authorize any physician, laboratory, hospital or medical professional retained by the County for screening purposes to conduct such screening and to provide the results to the County, and I release the County and any person affiliated with Comanche County / Lawton Emergency Management and any such institution or person conducting the screening, from liability thereof.

Comanche County / Lawton Emergency Management shall be entitled fully to rely on this Consent Form. I understand that I have no guarantee of employment and that the County may determine not to hire me for any lawful reason.

APPLICANT

COMANCHE COUNTY / LAWTON EMERGENCY MANAGEMENT

Signature

Employer Representative Signature

Printed Name

Printed Name/ Title

Date

Date