

**PITTSBURG COUNTY COUNTY CLERK  
EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

Name: (LAST) (FIRST) (MIDDLE) TELEPHONE NUMBER

Address: (STREET) (CITY) (STATE) (ZIP CODE)

**OTHER EMPLOYMENT RELATED INFORMATION**

Check the following options which you would consider: List any relatives working for this County:

\_\_\_\_\_ Full Time \_\_\_\_\_ Part Time Name: \_\_\_\_\_

\_\_\_\_\_ Temporary Department: \_\_\_\_\_

If you are a minor, please list your 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 Pittsburg County? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Date(s) of Employment:

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
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College or University	Address	Major	Degree/Year
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Trade School	Address	Subjects	Completed? _____ Yes _____ No
Year: _____			

Apprentice School	Address	Subjects	Completed? _____ Yes _____ No
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List any other education, training, special skills or certificates/licenses that you possess related to this job:  
\_\_\_\_\_  
\_\_\_\_\_

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

List any office equipment that you are qualified and experienced at operating:

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REFERENCES

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

Name	Title	Business	Phone	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EXPERIENCE

Name of Employer	Type of Business			
_____	_____	_____	_____	_____
Address	City	State	Zip	Phone
_____	_____	_____	_____	_____
Dates Employed	Starting Title		Ending Title	
From _____ to _____	_____		_____	
Name & Title of Supervisor:	May we contact?	Was Employment	Reason for Leaving	
_____	_____ Yes	_____ Full Time	_____	
_____	_____ No	_____ Part Time	_____	
Brief description of duties: _____				
_____				
_____				

Name of Employer	Type of Business			
_____	_____	_____	_____	_____
Address	City	State	Zip	Phone
_____	_____	_____	_____	_____
Dates Employed	Starting Title		Ending Title	
From _____ to _____	_____		_____	
Name & Title of Supervisor:	May we contact?	Was Employment	Reason for Leaving	
_____	_____ Yes	_____ Full Time	_____	
_____	_____ No	_____ Part Time	_____	
Brief description of duties: _____				
_____				
_____				

Name of Employer _____		Type of Business _____		
Address _____	City _____	State _____	Zip _____	Phone _____
Dates Employed _____		Starting Title _____	Ending Title _____	
From _____ to _____				
Name & Title of Supervisor: _____	May we contact? _____	Was Employment _____	Reason for Leaving _____	
_____ Yes		_____ Full Time		
_____ No		_____ Part Time		
Brief description of duties: _____				
_____				
_____				
Do you have a valid driver's license in Oklahoma?		Position Applying for:		
_____ Yes    _____ No		_____ Laborer		
If yes, License# _____		_____ Truck Driver		
License Type _____		_____ Mechanic		
List any moving violations during the last five years on back page		_____ Equipment Operator		
		_____ Courthouse Deputy		
		_____ Janitorial		
		_____ Administrative		
		_____ Other (Be Specific) _____		

**APPLICANT'S CERTIFICATION**

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

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 the County deems necessary, I may be required to work overtime hours or hours outside normally defined work days or work weeks. If employed, I understand and agree that such employment may be terminated at any time for any reason by law and without any liability to me for any continuation of salary, wages, or employment related benefits (not required by law).

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Filling out and returning this application to the County does not guarantee employment and does not constitute an offer of employment.

NOTICE OF DRUG & ALCOHOL TESTING

Any applicant who is offered employment with Pittsburg County will be required to undergo a pre-employment drug test. A refusal to undergo pre-employment drug testing will result in the withdrawal of the offer of employment.

I have read the above paragraph and understand that if offered employment from Pittsburg County I will be required to undergo drug and alcohol testing. I understand that failing or refusing to undergo a drug and/or alcohol test will result in the conditional offer of employment being withdrawn immediately.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

NOTICE REGARDING MEDICAL MARIJUANA AND SAFETY SENSITIVE POSITIONS

As allowed in Oklahoma Statutes, Title 63 § 427.8(H)(2), any applicant who is offered a safety-sensitive position with Pittsburg County must understand that a positive drug test (with or without a medical marijuana license) will result in the offer of employment being rescinded.

“Safety-sensitive” means any job that includes tasks or duties that the employer reasonably believes could affect the safety and health of the employee performing the task or others including, but not limited to, any of the following:

- A. The handling, packaging, processing, storage, disposal, or transport of hazardous materials,
- B. The operation of a motor vehicle, other vehicle, equipment, machinery or power tools,
- C. Repairing, maintaining or monitoring the performance or operation of any equipment, machinery or manufacturing process, the malfunction or disruption of which could result in injury or property damage,
- D. Performing firefighting duties,
- E. The operation, maintenance or oversight of critical services and infrastructure including, but not limited to, electric, gas, and water utilities, power generation or distribution,
- F. The extraction, compression, processing, manufacturing, handling, packaging, storage, disposal, treatment or transport of potentially volatile, flammable, combustible materials, elements, chemicals or any other highly regulated component,
- G. Dispensing pharmaceuticals,
- H. Carrying a firearm, or
- I. Direct patient care or direct child care;

Safety-sensitive positions within Pittsburg County are as follows:

- A. All Highway Department Employees
- B. All Sheriff and Jail Employees
- C. All Emergency Management Employees
- D. All Maintenance and Housekeeping Employees
- E. All Field Appraisers (Assessor’s Office)
- F. All Animal Shelter Employees

I have read and understand the above paragraphs concerning safety-sensitive positions and medical marijuana. I further understand the I will not be considered for any safety-sensitive position within Pittsburg County should I test positive for drugs or alcohol (with or without a medical marijuana license).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_