

PITTSBURG COUNTY 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:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Name: _____ 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not a U.S. Citizen, can you after employment submit verification of your legal right to work permanently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you previously employed by Pittsburg County? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) of Employment: _____			
Do you have the ability to perform the job related functions of the job applied for? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University	Address	Major	Degree/Year
Trade School	Address	Subjects	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____
Apprentice School	Address	Subjects	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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 machinery 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
------	-------	----------	-------	-------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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? _____ Yes _____ No If yes, License# _____ License Type _____ List any moving violations during the last five years on back page	Position Applying for: _____ Laborer _____ Truck Driver _____ Mechanic _____ 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 that 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: _____