

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?		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 and alcohol test. A refusal to undergo pre-employment drug and alcohol 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: _____