



CITY OF ADA
A Municipal Corporation

Cody Holcomb, P.E., MBA
City Manager
231 South Townsend
Ada, Oklahoma 74820-6443
580-436-8001 Fax 580-436-8052

December 11, 2023

To Whom it May Concern:

Subject: City Manager Job Applications

The City of Ada is accepting job applications for position of City Manager. Please find enclosed a copy of the City of Ada Profile, Job Description and Employment Application. The first round of applications is due by January 2nd, 2023, at 4:00 P.M delivered to:

City of Ada H.R. Department
c/o Mayor
231 South Townsend
Ada, OK., 74820

The job posting will remain opened until filled. For confidentiality, please place all materials in an unmarked envelope and do not provide a return name or address on the submission packet.

Respectfully,

Cody Holcomb
City Manager



CITY MANAGER

Ada, Oklahoma



We are a progressive, quality-oriented community located in the rolling hills of southern Oklahoma. Imbued with ingenuity, a pioneering spirit, and hospitality, we've been described as a place where the West meets the South! Incorporated in 1901, it now has a population of more than 17,000. Ada is located within easy driving distances of three major cities and is a Main Street City and a Tree City USA member. Ada is large enough to offer many bigger amenities, such as a four-year university and a thriving business climate, yet still small enough to provide a safe and fun place to raise a family. Ada is home to a world-class EPA water laboratory and the home of the nation's most progressive tribe, the Chickasaw Nation. Ada is the birthplace to the state's first native-born governor and longtime Senator Robert S. Kerr. Blake Shelton, country music superstar was born and raised in Ada. Come see us, you're always welcome here!

Major
projects
completed
or
set
to begin...

- Ada Police Department - 2016
 - Central Fire Station - 2016
 - Ada Sports Complex - 2017
 - Wintersmith Aquatic Center - 2017
 - Glenwood Aquatic Center - 2017
 - Irving Community Center - 2019
 - Main Street Reconstruction - 2023
 - Multipurpose Community Building
 - Multiple Park improvements
 - Expansion of walking/biking trails
 - Housing Initiative/Neighborhood Revitalization
-

CITY MANAGER

*Class specifications are intended to present a descriptive list of the range of duties performed by employees in the class. Specifications are **not** intended to reflect all duties performed within the job.*

DEFINITION

The City Manager is the administrative head of the City government, providing direction and general management for the administration and operation of each department within the City of Ada, and performs duties as delegated by actions of the Ada City Council.

SUPERVISION RECEIVED AND EXERCISED

Receives direction and assignments from the Ada City Council.

ESSENTIAL AND MARGINAL FUNCTION STATEMENTS--*Essential and other important responsibilities and duties may include, but are not limited to, the following:*

Essential Functions:

1. Creates assignments in accordance with the general needs and services of the City or as suggested by council, various committees, commissions and civic groups.
2. Reviews and edits reports and statements prepared for the attention of the City Council and/or various committees and commissions. Provides direction and guidance to department heads.
3. Meets with City Council members to review and discuss City initiatives, projects, programs, and related matters impacting City government.
4. Meets with citizens and citizen groups to exchange information and review current or proposed programs and projects.
5. Coordinates activities to determine the needs of the City, and in conjunction with the City Commission, establishes priorities for programs and projects on-going and proposed.
6. Ensures that all laws and ordinances of the City are duly enforced and that all franchises, permits, licenses and privileges granted by the City are faithfully performed and observed.
7. Attends all meetings of the City Council unless otherwise excused or covered.
8. Performs the duties of the City Manager as described in the City of Ada Municipal Charter.
9. Builds and maintains positive working relationships with City staff and the public using principles of good customer service.
10. Prepares and provides an annual City budget to council for consideration and approval.
11. Performs related functions as required.

QUALIFICATIONS

Knowledge of:

1. Principles and practices of public administration.

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City Manager (Continued)

2. Organization and functions of City government and current trends and recent developments in management.
3. Laws and regulations regarding City management, City contracts for public services, budget, finance, and public personnel administration.
4. Management techniques and effective employee supervision.

Ability to:

1. Plan, organize, and manage the activities of the City under the policy guidance and direction of the elected officials of the City.
2. Manage and provide organizational leadership.
3. Develop and implement effective City organizational policies and procedures.
4. Establish priorities and direct the allocation of City resources.
5. Develop plans and recommendations for broad and specific City goals, objectives and policies. Direct the execution of City programs and projects.
6. On a continuous basis, sit at a desk for long periods of time; intermittently twist to reach equipment surrounding desk; perform simple grasping and fine manipulation; use telephone, and write or use a keyboard to communicate through written means; and lift or carry weight of 10 pounds or less.
7. Work with various cultural and ethnic groups in a tactful and effective manner. Communicate clearly and concisely, both orally and in writing.
8. Establish and maintain effective working relationships with those contacted in the course of work.

Experience and Education Guidelines

Any combination of experience and training that would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the knowledge and abilities would be:

Experience:

A minimum of five years of experience as a City Manager, Assistant City Manager in a similar community or other Administrative Supervisory experience within public sectors.

Education:

Bachelor's degree from an accredited college or university with major coursework in Public Administration, Business Administration, or closely related field. A master's degree is preferred but not required.

License or Certification:

Possession of a valid Oklahoma driver's license.

WORKING CONDITIONS

Environmental Conditions:

Office environment; exposure to computer screens; working closely with others; irregular work hours; exposure to inclement weather and/or job site elements when working in the field.

Physical Conditions:

Essential and marginal functions may require maintaining physical condition necessary for sitting for prolonged periods of time, observing and reviewing the work of others.

CHARTER OF THE CITY OF ADA, OKLAHOMA

ARTICLE 3. - CITY MANAGER AND ADMINISTRATIVE DEPARTMENTS

Section 3-1. - City manager: appointment, term, qualifications, removal.

There shall be a City manager. The council shall appoint him for an indefinite term by a vote of a majority of all its members. It shall choose him solely on the basis of his executive and administrative qualifications. At the time of his appointment, he need not be a resident of the City or state; but, during his tenure of office, he shall reside within the City. Neither the mayor nor any other councilman may be appointed City manager or acting City manager during his term nor within two (2) years after the expiration of his term. The council may suspend or remove the City manager at any time by a vote of a majority of all its members; provided that the council shall give him a written statement of the reason for removal at least twenty (20) days before removal, and on request shall give him an opportunity for a public hearing thereon after the expiration of such time before removing him.

Section 3-2. - Absence or disability of City manager.

To perform his duties during his temporary absence or disability, the City manager may designate by letter filed with the City clerk a qualified administrative officer of the City to be acting City manager. If the City manager fails to make such designation, the council may appoint an acting City manager to serve during such time.

Section 3-3. - City manager: powers and duties.

The City manager shall be chief administrative officer and head of the administrative branch of the City government. He shall execute the laws and ordinances and administer the government of the City, and shall be responsible therefor to the council. He shall:

1. Appoint, and when deemed necessary for the good of the service, lay off, suspend, demote, or remove all directors, or heads, of administrative departments and all other administrative officers and employees of the City except as he or this charter may authorize the head of a department, an officer, or an agency to appoint, lay off, suspend, demote, and remove subordinates in such department, office or agency;
2. Supervise and control, directly and indirectly, all administrative departments, agencies, officers, and employees;
3. Prepare a budget annually and submit it to the council, be responsible for the administration of the budget after it goes into effect, and recommend to the council any changes in the budget which he deems desirable;
4. Submit to the council a report as of the end of the fiscal year on the finances and administrative activities of the City for the preceding year;

CITY OF ADA

City Manager (Continued)

5. Keep the council advised of the financial condition and future needs of the City, and make such recommendations to the council on matters of policy and other matters as may seem to him desirable;
6. Have such other powers, duties and functions as this charter may prescribe and such powers, duties, and functions consistent with this charter as the council may prescribe.



Application for Employment

City of Ada
231 S. Townsend Ave
Ada, OK 74820

An Equal Opportunity / Affirmative Action Employer

The City of Ada does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, handicapped status, or any other legally protected status.

Date: _____

Print or type answers to each question clearly and completely. All questions must be answered. This is an application for employment and no employment contract is being offered. The City of Ada can change the wages, benefits, and conditions of employment at any time. If you need assistance in completing this application form or in participating in the selection process, please call 580-436-6300 and ask for the human resources department

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Social Security #: _____ Telephone Number: _____

Emergency Contact: _____
(Full Name) (Phone Number)

Do you have a valid OK driver's license? _____ License Number: _____

Has your license been revoked or suspended in the last five years? _____

If yes, give years and reason: _____

Position Desired: _____ Date available for work: _____

Are you willing to work any hours assigned including nights and weekends? _____

Have you ever been employed by the City of Ada? _____ Any other City? _____

If yes, when and reason for leaving? _____

Do you have any relatives who are employed or elected officials of the City of Ada? _____

If yes, give: name, relationship and department _____

Have you been convicted of a felony in the last seven years or are you currently charged with the commission of a felony? _____

If yes, state: what, when and where. (Note, this information does not in itself disqualify you for employment.)



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Military Service

Branch: _____ Entry Date: _____ Discharge Date: _____

Indicate specific experienced or training that is job related:

Educational Record

School	Name and address of School	Course of Study	Completed	Graduate
Elementary			_____	_____
High School			_____	_____
College			_____	_____
Other (specify)			_____	_____

Special Training (Licenses or certificates held)

Other Qualifications:

Personal References

List three references excluding relatives or former employers:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Employment Record

Present or Last Employer: _____ Telephone: _____
 Address: _____ Job Title: _____
 Duties: _____
 Immediate Supervisor: _____ May we contact this employer? _____
 Starting Salary: _____ per _____ Date Employed: _____
 Present Salary: _____ per _____ Date Left: _____
 Reason for Leaving: _____

Previous Employer: _____ Telephone: _____
 Address: _____ Job Title: _____
 Duties: _____
 Immediate Supervisor: _____ May we contact this employer? _____
 Starting Salary: _____ per _____ Date Employed: _____
 Final Salary: _____ per _____ Date Left: _____
 Reason for Leaving: _____

Previous Employer: _____ Telephone: _____
 Address: _____ Job Title: _____
 Duties: _____
 Immediate Supervisor: _____ May we contact this employer? _____
 Starting Salary: _____ per _____ Date Employed: _____
 Final Salary: _____ per _____ Date Left: _____
 Reason for Leaving: _____

Previous Employer: _____ Telephone: _____
 Address: _____ Job Title: _____
 Duties: _____
 Immediate Supervisor: _____ May we contact this employer? _____
 Starting Salary: _____ per _____ Date Employed: _____
 Final Salary: _____ per _____ Date Left: _____
 Reason for Leaving: _____



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Additional Information

If you have any additional information or comments which you feel will help determine your suitability for this position, please use the space provided below or an extra sheet of paper if necessary.

Read Carefully Before Signing

I certify that facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the City of Ada to investigate any information included in the application and agree to submit to medical examination if required. I hereby consent to a drug screen and/or alcohol test and understand that upon a drug screen and/or test result of positive, my application for employment with the City shall be deemed withdrawn. I understand that this application is not a contract of employment. I hereby release the City and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand, that if employed, false or misleading statements given in this application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the City of Ada.

Signature

Date



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Authorization For Prior Employer to Release Information

The undersigned, hereby authorizes my prior employers, as set forth below, to release any and all information relating to my employment with them, to the City of Ada, Oklahoma. I further release and hold harmless both such employers and the City of Ada from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strict confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

_____ _____ _____ _____
 Applicant Signature Date Witness Signature Date

Former Employers

Company	Address	Telephone	Hire Date	Final Date



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Addendum to Employment Application

Answer the following:

Do you have any action pending that could potentially affect your driving privileges and/or you ability to lawfully operate city vehicles or city equipment? _____

If so, Explain:

Signature

Date



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An Equal Opportunity / Affirmative Action Employer

Equal Opportunity Pre-Employment Survey

Please be aware that you are not obligated to complete this form, and that any information you do provide voluntarily will be treated confidentially.

In order to comply with federal and state equal employment opportunity record keeping, reporting and other legal requirements, the City of Ada is required to maintain records as part of its affirmative action program. The information will be retained only for the purpose of monitoring the success of our affirmative action program and will not be used for or have any effect on any hiring decision.

Name: _____ Gender: _____ Date: _____
Position Applied For: _____ Referred By: _____

Race/Ethnic Group

(indicate one and only one)

- White (not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black (not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa.
- Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race. (Portuguese are excluded from the Hispanic category)
- American Indian / Alaskan Native All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliations or community recognition.
- Asian / Pacific Islander All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (for example, China, Japan, Korea, the Philippine island and Somoa. Also included in this category are the persons having origins in any of the original people of the Indian subcontinent (for example, India, Bangladesh, Bhutan, Pakistan, Nepal, Sikkim and Sri Lanka).

For EEO-1 reporting, please select the one category that most identifies your Race/Ethnic Identification:

- White
- Black
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Hawaiian
- Two or more Races



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Invitation to Self Identify as a Protected Veteran Pre-Employment

This employer is a Government contractor to the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2003, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

"Disabled Veteran" would mean a veteran who:

1. Is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensations) under laws administered by the Secretary of Veterans Affairs, or
2. Was discharged or released from active duty because of a service-connected disability.

"Recently Separated Veteran" would mean a veteran who served on active duty in the United States military, ground, naval, or air service, during the three-year period beginning on the date of such veteran's discharge or release from active duty.

"Active Duty Wartime or Campaign Badge Veteran" would mean a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expeditions for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

"Armed Forces Service Medal Veteran" would mean a veteran who while serving on active duty in the United States military, ground, naval or air service, participated in the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA-the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Services (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as on or more of the classifications of protected Veteran listed above.

I am not a protected veteran.



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Voluntary Self-Identification of Disability

Form CC-305
 OMB Control Number 1250-0005
 Expires 01-31-2017
 Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical Condition.

Disabilities include, but are not limited to:

Blindness	Autism	Bipolar disorder	Post-traumatic stress diorder (PTSD)
Deafness	Cerebral palsy	Major depression	Obsessive complusive disorder
Cancer	HIV/AIDS	Mulitple sclerosis MS	Impairments requiring the use of a wheelchair
Diabetes	Schizophrenia	Missing Limbs or	Intellectual disability (previously called mental retardation)
Epilepsy	Muscular dystrophy	partially missing limbs	

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability)
- No, I do not have a disability

 Signature

 Date



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An Equal Opportunity / Affirmative Action Employer

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 01-31-2017

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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedure, providing documents in an alternate format, using a sign language interpreter, using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.