



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Has your license been revoked or suspended in the last five years?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

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## 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)

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Other Qualifications:

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## 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: \_\_\_\_\_

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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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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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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.

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**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.

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Signature

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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:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## 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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Form CC-305  
OMB Control Number 1250-0005  
Expires 01-31-2017  
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<b>Reasonable Accommodation Notice</b>
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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](http://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.



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### **Applicant Fitness Standards**

These standards are universal. There is no deviation in regard to set, age or weight. The listed times or repetitions are the minimums which must be achieved by each applicant.

Although not required, we strongly suggest participants consult with their own doctor, as to their current physical condition, to determine their individual ability to perform these assessments.

1. Run: A test monitor will give the candidate verbal instructions to "GO" and the candidate will begin the run around the gym (approximately 332 total feet).
2. Step and Slite to Left: At the conclusion of the run, the candidate will remain facing the wall directly in front of him/her, and then step and slide sideways (shuffle) to their left into the obstacle course, and continue stepping and sliding sideways to their left for a distance of about 30 ft. Candidates should not cross their legs as the shuffle to the left to prevent tripping themselves, and they should shuffle all the way until their foot touches the line about 30 feet away.
3. Diagonal Shuffle to Rear and Right: After stepping and sliding 30 feet to their left while still facing the wall directly in front of them, candidates will step and slide backwards (rear diagonal shuffle) to their right and behind them (at an approximately 35 degree angle) for approximately 33 feet. They will continue to face the wall while doing this. Candidate should not cross their legs as they shuffle backwards and to the right to prevent tripping themselves, and they should shuffle all the way until their foot touches the line about 33 feet away. Once their foot touches the line, they will turn around and face the opposite wall before performing the next component.
4. Step and slide to the Right: After completeing the backwards diagonal shuffle, and after turning around so that the candidate is facing the wall opposite of the one they were facing in the previous two componensts, the candidate will step and slide sideways (shuffle) to their right for a distance of about 30 feet. Candidates should not cross their legs as they shuffle to the right to prevent tripping themselves, and they should shuffle all the way until their foot touches the line about 30 feet away.
5. Diagonal Shuffle to Rear and Left: After stepping and sliding 30 feet to their right, and while still facing the wall directly in front of them, candidates will step and slide backwards (front diagonal shuffle) to their left and behind them (at an approximate 35 degree angle) for approximately 33 feet. They will continue to face the wall while doing this. Candidates should not cross their legs as they shuffle backwards and to the left to prevent tripping themselves, and they should shuffle all the way until their foot touches the line about 33 feet away. Once their foot touches the line, they move on to the next component.



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### **Applicant Fitness Standards**

6. Crawl on Stomach: After the rear diagonal shuffle, candidates will get on their stomachs and crawl a distance of approximately 20 feet using their elbows and forearms only, and with their legs bent so that their feet are up in the air. Candidates will crawl with their elbows and forearms, and without the use of their legs (simulating legs that are not functioning), until they are able to touch the floor with their hand just behind the end of the floor mat. After crawling for about 20 feet and touching the floor at the end of the mat, candidates, will get up safely and proceed to the next event. Candidates should take care to get up safely, orient themselves and then proceed to the next component.

7. Bear Crawl: Candidates will get down on their hands and feet only with their hands behind the line, and then crawl a distance of approximately 20 feet using their hands and feet only. Candidates must reattempt this component while the time is running if their knees, elbows, or other parts of their body touch the floor during the component. Candidates must bear crawl the distance of 20 feet all the way until both of their feet are across the line. After bear crawling for about 20 feet, candidates will get up safely and proceed to the next event. Candidates should take care to get up safely, orient themselves and then proceed to the next component.

8. Obstacle Dodge: The candidate will maneuver, in a zig-zag manner, around obstacles (which are traffic cones positioned on the ground).

9. Weight Drag (approximately 95 lbs): The candidate will drag a weight completely past a line 20 feet away. Timing of the test stops when the entire weight passes over the line.

To pass the obstacle course, members must successfully complete all components in 2 minutes and 22 seconds or less.

Applicants will need to wear the appropriate dress to complete these assessment tests. You, as the applicant, will be responsible to bring water or sports drink for your own use.



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**Response Time  
Emergency Services**

I, \_\_\_\_\_, understand the City of Ada's offer of employment as a Police Officer is made contingent on my agreement to be available for emergency recall within twenty (20) minutes after receiving notification to return to duty.

I, \_\_\_\_\_, agree that I will be available for emergency recall within twenty (20) minutes from time of notification.

I, \_\_\_\_\_, further understand that my employment may be terminated for failure to be available for emergency recall within twenty (20) minutes.

I, \_\_\_\_\_, have also had the opportunity to read and understand this agreement and voluntarily sign this condition of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary



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**Waiver and Release**

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I, \_\_\_\_\_, have filed an application to participate in examinations to be held for the purpose of hiring an eligible Police Officer candidate for the Ada Police Department. Having been advised that as part of these examinations, it will be necessary for me to demonstrate my strength, endurance and physical agility in a series of tests. I, \_\_\_\_\_, do hereby release the City of Ada, The Ada Police Department, and the City's employees or agents from any and all claims whatsoever which might occur or arise as a result of any injury or damage that I may sustain as a result of participating in such examinations.

I make this release for myself, my heirs, executors and administrators and do hereby release the City of Ada, The Ada Police Department, as well as all of the City's employees or agents from any or all liability for damages incurred as a result of these tests.

I certify that I have read the foregoing waiver and release and understand it's provisions.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number