



122 N. Main Street
P.O. Box 480
Blanchard, Oklahoma 73010
(405) 485-9392 Ofc
(405) 485-3199 Fax

**TO: APPLICANTS FOR EMPLOYMENT WITH THE CITY OF BLANCHARD/BLANCHARD
MUNICIPAL IMPROVEMENT AUTHORITY**

The application process with the City of Blanchard/Blanchard Municipal Improvement Authority can be quite lengthy and very strictly regulated by several local, state and federal employment guidelines/regulations. While we have made every effort to simplify and expedite the selection process, many equal opportunity, affirmative action and merit system provisions must be monitored.

- Disqualifications are hereby attached to this Employment Application.
- Applications are accepted ONLY for vacant positions being advertised.
- If applying for a Fire Fighter position, you must be between the age of 18 and 45.
- If applying for Police Officer position, you must be between the age of 21 and 45.

PLEASE READ THE FOLLOWING GUIDELINES CAREFULLY BEFORE COMPLETING THE ATTACHED APPLICATION FORM. THESE GUIDELINES ARE STRICTLY ENFORCED AND ADHERED TO. PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION:

1. Copy of High School Transcript or GED.
2. Copy of valid Oklahoma Driver's License.
3. Copy of College Transcripts and Diplomas.
4. Copy of DD214 (Veterans Only).
5. Copies of awards, diplomas, training or school certificates.
6. Driving record from local tag agent or the Oklahoma Department of Public Safety.

FALSIFICATION OF INFORMATION: All statements made on this application must be true and correct and you understand that any false statement made on this application and any attachments will be cause to be ineligible for employment or terminated from employment.

DRUG SCREENING: The City of Blanchard has a mandatory drug screen program for job applicants who are offered employment. If offered employment, you will be required to provide a urinalysis sample and/or blood test for drug screening purposes. The screen will be to identify the presence of controlled or other prohibited substances. FAILURE of the drug screen or refusal to submit to the screen will result in denial of employment.

AT WILL EMPLOYMENT: If employed, you are free at any time to terminate employment for any reason whatsoever, with or without good cause and without prior notice. The City of Blanchard may terminate employment at any time and for any reason whatsoever, with or without good cause and without prior notice. However, NO representative of the City has the authority to make any assurances to the contrary.

EQUAL OPPORTUNITY EMPLOYER: The City of Blanchard does not discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Disqualification of Applicants

Examples for grounds of rejection of an applicant include, but are not limited to, the following:

1. **Minimum Requirements:** Failure to meet the minimum requirements for the position as defined in the job description.
2. **Falsification, Deception, Fraud:** Falsification of any material fact or any attempt to practice deception or fraud by the applicant on the application and/or supplements during interviews with a representative of the City during examinations, or during any phase of the employment process.
3. **Nepotism:** Failure to disclose familial relationships are grounds for disqualification and/or discharge.
4. **Closing Date:** Failure to submit an application for a position by the posted closing date.
5. **Driving Record:** Failure to meet the City's driving requirements for those positions which require the operation of equipment or vehicles as an essential function of their position.
6. **Criminal History:** Conviction, deferred adjudication, or placement on probation for a felony or crime where such history represents a risk to the City of Blanchard or where such history is in conflict with the responsibilities and duties of the job.
7. **Incomplete Application:** Failure to complete the application in the manner prescribed.
8. **Examinations:** Inability to pass all required examinations, including pre-employment screenings. In the event of an inconclusive drug screen finding, including dilute, by the testing laboratory, the applicant must submit another sample. However, after one (1) additional attempt, the applicant's conditional offer will be rescinded.
9. **Other:** Failure to meet any other job related requirements deemed necessary by the Director of Human Resources.

EDUCATION, TRAINING, AND SKILLS

Do you have a high school diploma? YES NO Do you have a GED? YES NO

Diploma or GED certificate received from _____ City and State _____

College, Post Graduate, Technical, or Vocational School:

Name	Location	Course of Study	Years Completed	Degree Received

Describe any other specialized training, apprenticeships, professional licenses:

List any other skills related to the job for which you are applying:

Have you ever had any job related training in the United States Military? YES NO If yes, please describe:

Do you have a valid Oklahoma driver's license? YES NO License # _____

Type of License: Class A Class B Class C Class D CDL

Has your driver's license ever been suspended or revoked? YES NO If yes, please explain:

EMPLOYMENT HISTORY

Beginning with the most recent, list all employment. ALL APPLICABLE BLANKS MUST BE COMPLETED. Resumes may not be submitted in place of employment history, but may be attached as a supplement to your application.

If any employment was under a different name, indicate name: _____

Employer	Phone ()
Position Held	Employment Dates
Address	Salary \$
Type of Business	Supervisor
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Brief descriptions of duties:	
Reason for leaving:	

Employer	Phone ()
Position Held	Employment Dates
Address	Salary \$
Type of Business	Supervisor
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Brief descriptions of duties:	
Reason for leaving:	

Employer			Phone ()		
Position Held			Employment Dates		
Address				Salary \$	
Type of Business			Supervisor		
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Brief descriptions of duties:					
Reason for leaving:					

Employer			Phone ()		
Position Held			Employment Dates		
Address				Salary \$	
Type of Business			Supervisor		
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Brief descriptions of duties:					
Reason for leaving:					

Please explain any periods of unemployment:					
Have you ever been discharged or asked to resign from a job? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:					

PERSONAL REFERENCES

List three people whom you have known for at least three (3) years – do not include relatives or former employers.

Full Name	Relationship
Address	Phone ()
How long have you known this person?	Alt. Phone ()

Full Name	Relationship
Address	Phone ()
How long have you known this person?	Alt. Phone ()

Full Name	Relationship
Address	Phone ()
How long have you known this person?	Alt. Phone ()

ATTACHMENTS REQUESTED FOR THIS APPLICATION

1. Copy of high school transcript or GED
2. Copy of Valid Oklahoma Driver's License
3. Copy of college transcripts
4. Copy of DD214 (veterans only)
5. Copies of awards, diplomas, training or school certificates
6. Driving record from local tag agent or the Oklahoma Department of Public Safety

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all information given on this application is true, correct, and complete to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment and is cause for immediate dismissal.

DRIVERS RECORD REQUIREMENT: For positions requiring a valid Oklahoma State Driver’s License (see Job Posting), a current certified copy your driving record is required and must be attached to the complete employment application. **Applications without the record will not be considered.** A driving record can be obtained from the Oklahoma Department of Public Safety Department (405.425.2262) or at any motor license agency throughout the state.

ACCOMODATION: If you need accommodation in order to complete or participate in the application or interview process because of an impairment or disability, please notify Human Resources at 405.485.9392.

DRUG POLICY: It is the policy of the City of Blanchard/Blanchard Municipal Improvement Authority/Blanchard Municipal Improvement Authority to maintain a drug/alcohol free workplace. Employees who are observed in possession, using or under the influence of such substances (drugs/alcohol) will be terminated and may have criminal actions filed against them. The City/BMIA also utilizes testing for drug and/or alcohol use or other violation of the City’s policy prohibiting drug and alcohol use. Applicants for employment may be tested by the City for drug and/or alcohol use.

EQUAL OPPORTUNITY STATEMENT: Equal opportunity is the policy of this City and employment opportunities will NOT be limited because of race, color, creed, religion, national origin, age, sex, sexual orientation, gender identity, disability or veteran’s status (or any other characteristics protected by federal, state or local laws) will be so applied. This Employer affirmatively seeks to employ and advance applicants in protected classes. Hiring, promotions, lay-offs, discipline, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. This Employer complies with the American with Disabilities Act (ADA) when requested to make an accommodation. You are to report violations to management or to the Personnel Officer immediately.

NO EMPLOYMENT CONTRACT: I understand that if employed, I am employed AT WILL and that no contract between myself and this City is created by my completion of this application, my receiving employment, my continued employment or my receiving benefit of employment of any type. No promises of any form or nature have been made to me, no guarantee of any length of employment is, or shall be, binding on this City/BMIA, unless in writing and signed by the City Manager. I reserve the right to terminate my employment at any time for any reason, with or without cause and with or without notice, and the City/BMIA has the same right at any time to terminate my employment for any reason, with or without cause and with or without notice.

ACKNOWLEDGMENT RE: CONDUCT AND DISPUTES: I agree to physical or other testing when such testing is part of a drug/alcohol testing program or reasonably necessary in determining job-related abilities or reasonable expectation of successfully performing the job to the Employer’s standards. I agree to abide by the City’s rules and policies including the prohibition against any form or sexual or other harassment of another employee, person or citizen. My signature certifies that I have read this application in detail and am in complete agreement with the contents, including the policy statements. I authorize you to withhold amounts owed to the City/BMIA from my pay.
_____(Initial)

SIGNATURE AND ACKNOWLEDGMENT: I, the below-signed, make this application as an inducement to this Employer to evaluate my application and to employ me. I have read this completed application, including the Equal Opportunity Statement, and I certify that entries made by me are without omission and are a full, truthful account of my present and past activities. I authorize and give the right to this Employer to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. I understand that any false or misleading statement or entry on this form and other materials I have provided will result in my immediate termination, if I am employed, or to disqualification from employment, if I am not yet employed when the false or misleading statement is discovered. I agree to prompt payroll deduction of overpayments made to me or amounts owed to the City of Blanchard/Blanchard Municipal Improvement Authority/Blanchard Municipal Improvement Authority, if I am employed by the City of Blanchard/Blanchard Municipal Improvement Authority/Blanchard Municipal Improvement Authority.

This is a legal document, read it carefully before signing.

Signature of Applicant

Date

OTHER

How did you learn of this job opening? (Check one)

Newspaper Ad Which Newspaper? _____

Workforce Commission City of Blanchard/Blanchard Municipal Improvement Authority Website City Employee Walk In
 Other _____

FOR INTERNAL USE ONLY

Schedule Interview? YES NO

Remarks _____

Interviewer _____ Date _____

Employed? YES NO Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ Date _____

Name and Title

NOTES

Large empty rectangular area for notes.

CITY OF BLANCHARD/BLANCHARD MUNICIPAL IMPROVEMENT AUTHORITY

City Hall
122 North Main Street
Blanchard, OK 73010
405-485-9392 Ofc
405-485-3199 Fax

AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish the City of Blanchard/Blanchard Municipal Improvement Authority with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents requested. The information will be used for the purpose of determining my eligibility for employment as an employee of the City of Blanchard/Blanchard Municipal Improvement Authority.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee.

Signature_____

Date and Time _____

Printed Name_____

Sworn and subscribed before me by _____,

on this _____ day of _____, A.D. _____ year.

Notary Public

VOLUNTARY SURVEY

This form is optional. You are not required to furnish the information requested below.

To the Applicant: The commitment of the City of Blanchard/Blanchard Municipal Improvement Authority to a policy of Equal Employment Opportunity required that certain information be gathered and maintained for statistical purposes only. Your cooperation in furnishing the requested information would be greatly appreciated. This page will be detached from the application immediately, before the application is reviewed and the information will not be considered for employment purposes. It will be stored separately from your application and employment records. If employed, this information will not be used for any subsequent personnel decision.

Job Applied For _____

Date of Application _____

Sex: Male _____ Female _____

Date of Birth: _____

Check One:

White (Non Hispanic) _____

African American _____

Hispanic _____

American Indian/Alaskan Native _____

Asian/Pacific Islander _____

Other _____

How did you learn of this job opening? (Check one)

Newspaper Ad _____ Which Newspaper? _____

Workforce Commission _____ City of Blanchard/Blanchard Municipal Improvement Authority

Website _____ City Employee _____

Walk In _____ Other _____

Military Service Status:

Veteran _____

Active Duty _____

Reserves/Guard _____

CONFIDENTIAL INFORMATION AGREEMENT FORM

I, the undersigned, do hereby understand that a thorough background investigation will be conducted to determine my qualifications for the position of _____ with the City of Blanchard/Blanchard Municipal Improvement Authority.

Further, that to a great extent, my employment will depend on information obtained in confidential interviews with persons whom I have associated. Therefore, I understand that such information is confidential, and the City/BMIA will not reveal the reason of non-selection to the applicants or any other perspective employer who are not accepted.

I HAVE READ AND FULLY UNDERSTAND THE FOREGOING STATEMENT.

Signature _____

Date and Time _____

Printed Name _____