



Town of Medicine Park

P.O. Box 231 • 154 East Lake Drive • Medicine Park, OK 73557-0231
(580) 529-2825 • FAX (580) 529-3110

Applicant Information

Last Name _____ First _____ M.I. _____ Date _____

Street Address _____ City _____ State _____ ZIP _____

Phone _____ E-mail Address _____

Position Applied for _____ Date Available _____ Desired Salary _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this town before? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain _____

Education

High School _____ Address _____

From _____ To _____ Did you graduate? YES NO

College _____ Address _____

From _____ To _____ Did you graduate? YES NO Degree _____

Other _____ Address _____

From _____ To _____ Did you graduate? YES NO Degree _____

References

Please list three professional references

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Previous Employment

Company _____ Phone _____.

Address _____ Supervisor _____.

Job Title _____ Start / End Salary/Rate _____.

Responsibilities _____.

From (mo/yr) _____ To (mo/yr) _____ Reason for leaving _____.

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone _____.

Address _____ Supervisor _____.

Job Title _____ Start / End Salary/Rate _____.

Responsibilities _____.

From (mo/yr) _____ To (mo/yr) _____ Reason for leaving _____.

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone _____.

Address _____ Supervisor _____.

Job Title _____ Start / End Salary/Rate _____.

Responsibilities _____.

From (mo/yr) _____ To (mo/yr) _____ Reason for leaving _____.

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch _____ From _____ To _____.

Rank at Discharge _____ Type of Discharge _____.

If other than honorable, explain _____.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____.

We are an Equal Opportunity Employer and fully subscribe to the principle of Equal Employment Opportunity, Applicants and/or employees are considered for hire, promotion and job status without regard to race, color, religion, creed, sex, marital status, national origin, age, or physical or mental disability.