

304 S. Main St. Noble, OK 73068-0557 Tel: 405-872-9251

Fax: 405-872-9363 Cityofnoble.org

## **Employment Application**

The City of Noble does not discriminate of the basis of race, color, creed, religion, sex, national origin, age, marital or veteran status, political affiliation, disabled status, or any other legally protected status not listed.

			A	pplican	t Information			
Full Name:					Date:			
	Last			First		M.I.	_	
Address:	-							
	Street Address						Apartment/Unit #	:
	City					State	ZIP Code	
Phone:					Email			
Date Availal	ble:		Desired S	alary: <u>\$</u>		_		
Position App	olied for:							
Are you a citizen of the United States?				If no, are you	authorized to wor	YES k in the U.S.?	NO	
Have you ev	ver worked for th	nis compa	YE ny? [	S NO	If yes, when?			
Have you ev	ver been convic	ted of a fe	ony? [					
If yes, expla	in:							
				Edu	ucation			
High Schoo	l:			_ Addres	ss:			
Did you g	YES raduate?	NO	Diploma::_					
College:				_ Addres	ss:			
Did you g	YES raduate?	NO	Degree:_					
Other:				Addres	ss:			
Did you (	YE araduate? F	ES NO	Degree:					

	Refer	ences			
Please list ti	hree professional references.				
Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
	Previous E	mploym	ent		
Company:				Phone:	
Address:					
Job Title:					
Responsibilit	ties:				
From:	To:				
May we cont	act your previous supervisor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting S	alary: <u>\$</u>		Ending Salary:	
Responsibilit	ties:				
From:	To:	Reason f	for Leaving:		
	act your previous supervisor for a reference?	YES	NO		
				Phone:	
Address:				Supervisor:	

Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary:	
Responsibilities:					
From:	To:	Reason fo	or Leaving:		
May we contact your pr	evious supervisor for a reference?	YES	NO		
	Military	Service			
Branch:			From:	To:	
Rank at Discharge:		Type of	Discharge:_		
If other than honorable,	explain:				
	Authorization for Release of	of Informa	tion and S	ignature	
analysis of my applica will result in the City of	orizes the City of Noble and its ago tion for employment. I understand f Noble rejecting my application ar been employed at the time that the	that any fai nd/or will res	lse statemer sult in the se	nts or misrepresentations by me paration of my relationship with	
transcripts requested to person or entity provide whatsoever which may also hereby release th	rior employers and educational ins by the City of Noble in connection ling any such information pursuant y arise out of or be associated in a e City of Noble from any and all cl d with obtaining, considering, using	with my app t to this Rela ny way with aims or liab	olication for e ease from an the release ilities whats	employment. I hereby release any ny and all claims and liabilities of the requested information. I oever which in any way may arise	
Signature:				Data:	