



# CITY OF LAWTON OKLAHOMA EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Application instructions:

Type or print in ink

Applications are only accepted for positions that are currently open.

ALL information must be completed and questions answered. Incomplete applications or illegible applications will not be considered; this includes required information such as typing/spelling scores, transcripts, etc. A resume may be included but does not take the place of completing the application. If additional space is needed to give full answers or explanations please attach additional sheets and include your name on the sheet(s).

Please read and consider the requirements for the position for which you are applying.

Be sure the application is returned (postmarks do not count) no later than the closing date and time if one is listed on the job announcement. Late applications will not be considered.

If you require an accommodation during the application/interview process please contact the Human Resources Department to assist you. Office hours are 8 am to 5 pm.

The application and attachments **must** be returned to the Human Resources Department and they become the official property of the City of Lawton and will not be returned, reused or copied for you.

If you have any questions please contact the Human Resources Department at:

City of Lawton  
212 SW 9<sup>th</sup>, Lawton, Oklahoma 73501  
580-581-3392 (office) 580-581-3530 (fax)  
HR@lawtonok.gov  
www.lawtonok.gov

|   |  |   |               |
|---|--|---|---------------|
| Last name   |  | First name  | Middle name   |
| Mailing address   |  | City  | State and zip |
| Daytime phone   |  | Evening phone   | Email         |
| Date of Application   |  | Announcement #  |               |
| Job Title as on the Announcement  |  |   |               |
| Would you be willing to be interviewed for another city position comparable to the one you are applying for?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                          |  |   |               |
| Do you have the legal right to work in the United States?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  | Are you 18 years of age or older?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |               |
| Are you able to perform all the essential functions of the job for which you are applying, with or without, reasonable accommodation?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |   |               |

Are you related, by blood or marriage, to any City of Lawton employee, council member or the mayor?

YES     NO    If yes state who and how related:

Have you previously worked for the City of Lawton?     YES     NO    If yes:

Position \_\_\_\_\_ Division \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving \_\_\_\_\_

### EDUCATION

| NAME OF SCHOOL  | City/State | Areas of Study | Did you graduate? | Type of Degree |
|---|------------|----------------|-------------------|----------------|
| High School   |            |                |                   |                |
| Vocational School   |            |                |                   |                |
| College/University  |            |                |                   |                |
| GED Obtained:<br><input type="checkbox"/> YES <input type="checkbox"/> NO |            |                |                   |                |

Please list any licenses, certifications, additional training/skills, volunteer work, work shops etc.

Are you a U.S. Veteran?

YES     NO    Branch of Service \_\_\_\_\_ Dates of service \_\_\_\_\_

Specific military training that is related to the job you are applying for:

### REFERENCES

| Name | Occupation | Relationship | Contact # | May we contact? |
|------|------------|--------------|-----------|-----------------|
|      |            |              |           |                 |
|      |            |              |           |                 |
|      |            |              |           |                 |

**ATTENTION: You must complete the following section**

|  |       |      |        |
|--|-------|------|--------|
| Have you ever been convicted of a crime? (misdemeanor, felony, or military court martial)  |       |      |        |
| Have you ever been placed on probation?  |       |      |        |
| Have you ever been placed on deferred adjudication?  |       |      |        |
| Are there criminal charges currently pending against you?  |       |      |        |
| If yes to any of the above, explain when, where, and what charge(s). Convictions do not necessarily disqualify an applicant from employment consideration. |       |      |        |
| Do you have a current valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO   | State | Type | Number |
| In the past five years have you had your driver's license revoked or suspended?  |       |      |        |
| In the past five years have you had an application for a driver's license denied?  |       |      |        |
| In the past five years have you been convicted of reckless driving?  |       |      |        |
| In the past two years have you been convicted of more than 2 moving violations?  |       |      |        |
| In the past two years have you been determined to be at fault in a vehicle accident?   |       |      |        |
| If yes to any of the above please explain  |       |      |        |

**EMPLOYMENT HISTORY**

|                          |   |
|--------------------------|---|
| Employing Firm _____     | Address _____                           |
| Phone Number _____       | Supervisors Name _____                  |
| Your Title _____         | From _____ to _____ Ending salary _____ |
| May we contact? _____    |   |
| Reason for leaving _____ |   |
| Specific duties:         |   |

|                          |   |
|--------------------------|---|
| Employing Firm _____     | Address _____                           |
| Phone Number _____       | Supervisors Name _____                  |
| Your Title _____         | From _____ to _____ Ending salary _____ |
| May we contact? _____    |   |
| Reason for leaving _____ |   |
| Specific duties:         |   |

|                          |                        |                     |
|--------------------------|------------------------|---------------------|
| Employing Firm _____     | Address _____          |                     |
| Phone Number _____       | Supervisors Name _____ |                     |
| Your Title _____         | From _____ to _____    | Ending salary _____ |
| May we contact? _____    |                        |                     |
| Reason for leaving _____ |                        |                     |
| Specific duties:         |                        |                     |

Please list any other names you may be known by (example: maiden names, nicknames, etc.)

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**READ CAREFULLY!**

All statements made on this application are true and correct. I understand that any false, incomplete, material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment or termination from employment. I understand that if a conditional offer of employment is made I agree to submit to a drug screen and/or physical examination. I authorize any physician/hospital/lab/agents to release any information necessary to determine the ability to perform job functions and compliance with City of Lawton drug and alcohol policies. I understand the City of Lawton may investigate and verify information provided on this application/attachments/interviews and I authorize such action. I further authorize current or former employers to release information requested.

The City of Lawton participates in eVerify. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. The City will provide the Social Security Administration (SSA), and if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.



***Please review your application for accuracy and completeness.***



I have read and agree to the above statements:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application **MUST** be signed to be valid.

If you cannot digitally sign the application you must print and save your application. Once signed, you may scan and email your application to [hr@lawtonok.gov](mailto:hr@lawtonok.gov), you may bring it by Human Resources at 212 SW 9<sup>th</sup> Street, Lawton, OK 73501 or you can mail it to the same address.