

Town of Medicine Park

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

Applica	ant In	forma	tion												
Last Name					First				M.I.		Date				
Street Address										Apart	ment/	Unit #			
City				State					ZIP						
Phone E-mail Address															
Date Available So			Social S	ecurity No.		D			Desired Salary						
Position Applied for															
Are you a citizen of the United States? YES \(\square\)				NO 🗆	If no, are you authorized to wor				ork in the	U.S.?	Y	ES 🗆	NO 🗆		
Have you ever worked for this company? YES					NO 🗆	If so, when?									
Have you ever been convicted of a felony? YES					NO 🗆	If yes,	If yes, explain								
Education															
High School						Address									
From		То		Did you	graduate?	YES 🗆	NO 🗆] D	egree						
College		Address													
From		То	Did you		graduate?	YES 🗆	NO [NO Degree							
Other						Address		·							
From		To Did you graduate?		YES 🗆	NO Degree										
References															
Please list	three p	rofession	al referenc	es.											
Full Name							Relationship								
Company						Phone									
Address															
Full Name							Relationship								
Company							Phone								
Address															
Full Name					Relationship										
Company								Phone	e						
Address															

Previous Employ	ment								
Company			Phone						
Address			Supervisor						
Job Title			Starting Salary	\$	Ending Salary \$				
Responsibilities									
From	То	Reason for Leavi							
May we contact your previous supervisor for a reference? YES \(\square\) NO \(\square\)									
Company			Phone						
Address			Supervisor						
Job Title	Starting Salary	\$		Ending Salary \$					
Responsibilities									
From To Reason for Leaving									
May we contact your previous supervisor for a reference? YES NO									
Company			Phone						
Address			Supervisor						
Job Title			\$	Ending Salary \$					
Responsibilities									
From To Reason for Leaving									
May we contact your previous supervisor for a reference? YES \(\square\) NO \(\square\)									
Military Service									
Branch				From	n 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 principles 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.