



Oklahoma Municipal Power Authority Application for Employment

{Application must be completed in full.}

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

Today's Date: _____

Position Applied For: _____

Personal Information	
Name (Please Print): _____ (First) _____ (MI) _____ (Last)	SSN#: _____ (Last Four #'s)
Address: _____ (City) _____ (State) _____ (Zip)	How Long: _____
Home Telephone#: _____	Cell#: _____
If no phone, how may we contact you?	
Have you ever worked for the Authority before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", where & when?
Have you ever applied for the Authority before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", when & what position?
How were you referred?	
General Information	
If you are under age 18, please state your age:	If under age 18, can you supply working papers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Only U.S. citizens or aliens who have a right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime or violation other than a minor traffic infraction? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If "yes", please explain:

(A conviction record will not necessarily be a bar to employment. Factors such as job relations, age, and time of the offense, seriousness, and nature of violation and rehabilitation will be taken into account.)

Have you ever been discharged from any employment or asked to resign? Yes No

If "yes", please explain:

Please check schedule availability:
 I am available and desire to work full-time (40+ hours) and do not have restrictions on my hours & days.
 I am available and desire to work part-time (<40 hours).
 I am only available for part-time because:
 Student Other Job Other (explain):

Can you physically perform the functions of this job, if applicable, without accommodations? Yes No
If "no", please explain:

Hours available: _____ Wage Expected: Annual Monthly Hourly

Date available for work: _____

EMPLOYMENT HISTORY

Begin with your most recent employment (1) and continue with all past employment (attach additional sheet if necessary).

1 Name of Company: _____ (City) _____ (State) _____ (Zip)

Type of business: _____ Phone #: _____ Reason for leaving: _____

Job Title: _____

Start Date: _____ End Date: _____ Length of employment (in months): _____

Describe your job duties:

Name & title of immediate supervisor: _____ May we contact employer? Yes No

Reason for leaving (please explain):

Explain any period between jobs:

2	Name of Company: _____ (City) _____ (State) _____ (Zip)		
Type of business:	Phone #:	Reason for leaving:	
Job Title:			
Start Date:	End Date:	Length of employment (in months):	
Describe your job duties:			
Name & title of immediate supervisor:		May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving (please explain):			
Explain any period between jobs:			

3	Name of Company: _____ (City) _____ (State) _____ (Zip)		
Type of business:	Phone #:	Reason for leaving:	
Job Title:			
Start Date:	End Date:	Length of employment (in months):	
Describe your job duties:			
Name & title of immediate supervisor:		May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving (please explain):			
Explain any period between jobs:			

EDUCATION

Type of School	Name & Address of School	Major Subject	Last Year Attended	Graduated (Circle One)	Degree
High School				<input type="checkbox"/> Y <input type="checkbox"/> N	
College				<input type="checkbox"/> Y <input type="checkbox"/> N	

College				<input type="checkbox"/> Y <input type="checkbox"/> N	
Graduate School				<input type="checkbox"/> Y <input type="checkbox"/> N	
Business - Trade Other				<input type="checkbox"/> Y <input type="checkbox"/> N	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any experience, skills, or other qualifications (i.e., professional licenses), which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service, which you would like considered in connection with your application for employment.

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

Consistent attendance and punctuality are essential requirements of every job with the Authority. Is there anything, which would interfere with your regular attendance and punctuality if you are offered a job with the Authority?

Yes No

If "yes", please explain:

REFERENCES

Please list persons who know you (not relatives) we may contact. We assume we have your permission to contact these people unless you indicate to the contrary.

1	Name:
Address: _____ (City) (State) (Zip)	
Business Position:	
Phone number:	
2	Name:
Address: _____ (City) (State) (Zip)	
Business Position:	
Phone number:	
3	Name:

Years Known:

Years Known:

Address: _____ _____ (City) _____ (State) _____ (Zip)	Years Known:
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Business Position:	Phone number:
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NOTIFICATION & AGREEMENT

Please read very carefully:
 Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the Authority to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, or pregnancy, and to afford equal opportunities to disable veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State, or Local law.

I authorize the investigation of all statements and information contained in this application. I release the employer from all liability that might result from making an investigation.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected.

If hired, I agree to abide by all of the Authority rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Authority or me, I further understand that no representation, whether oral or written by any representative or agent of the Authority, at any time, can constitute a contract of employment. I understand that the Authority and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits, or other terms or conditions of employment. No representative or agent of the Authority, as the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other term or condition of employment other than in a document signed by the supervisor, department head, or General Manager, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature:	Date:
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