

TO: APPLICANTS FOR EMPLOYMENT WITH THE CITY OF YUKON
FROM: THE HUMAN RESOURCES STAFF
SUBJECT: APPLICATION PROCESS

The application process with the City of Yukon can be lengthy and is very strictly regulated by several local, state and federal employment guidelines/regulations. While we have made every effort to simplify and expedite the selection process, many equal opportunity and merit system provisions must be monitored.

PLEASE READ THE FOLLOWING GUIDELINES CAREFULLY BEFORE COMPLETING THE APPLICATION FORM. THESE GUIDELINES ARE STRICTLY ENFORCED AND ADHERED TO.

NEPOTISM: In accordance with the City's Personnel Manual, Section 115, "City employees related by marriage, or in the immediate family, including spouse, children, father, mother, brothers, sisters, grandparents, grandchildren, or in-laws may not be employed in the same City division, or department.

DRIVING STANDARDS: If the position for which you are applying has, as an essential job function, the operation of a City vehicle, or may require driving a City Vehicle, you must possess a properly classified, valid Oklahoma Driver's License and your driving record must meet the following driving standards:

1. Possess a valid Oklahoma Driver's License that is appropriate for the vehicle to be operated; must be at least 18 years of age.
2. No more than two (2) moving violations within the past twelve (12) months.
3. No more than four (4) moving violations in the past four (4) years.
4. No major convictions (DUI, DWI, reckless driving, hit and run, etc.)
5. No suspension or revocation of driver's license in the past three (3) years.
6. No more than two (2) chargeable accidents in the past three (3) years.
7. Not been excluded from coverage by an insurance carrier for any reason.

DRUG SCREEN TEST: You will be required to take a pre-employment drug screen for employment consideration in accordance with the Oklahoma Standards for Workplace Drug and Alcohol Testing Act, the Omnibus Transportation Employee Testing Act and the City of Yukon Personnel, Section 107-h.

IMMIGRATION REFORM AND CONTROL ACT OF 1986: In accordance with the United States Code, Title 8, Section 132A, the City of Yukon must verify every individual's eligibility for employment in the United States. The Department of Homeland Security and the United State Department of Labor require you to furnish the City of Yukon with document verification of employment eligibility. If you are extended an offer of employment, you will be required to furnish such documentation. Failure to furnish the City of Yukon with the requested documentation will result in denying you employment with the City.

APPLICATION PROCESS Memo (continued)

Have you been convicted of a felony in the last seven (7) years? ___ YES ___ NO If yes, please explain:

(This information does not in itself disqualify you for employment.)

Applicant Signature

Date

Please feel free to contact the Human Resources staff if you have any questions regarding Yukon's selection process. In closing, let us thank you for your interest in considering the City of Yukon as a career option.

******* FOR HUMAN RESOURCES USE ONLY*******

Position Applied for is Open? ___ YES ___ NO

Sent to Department Director? ___ YES ___ NO



Ken Smith, Mayor & Council Member At Large
Rick Opitz, Vice Mayor & Council Member Ward III
Nick Grba, Council Member Ward I
John Alberts, Mayor & Council Member Ward II
Michael McEachern, Council Member Ward IV

**From the Office of the
Human Resources Director
Cindi A. Shivers, PHR**

To: All Applicants/New Employees

RE: Mandatory Direct Deposit

Date: August 9, 2013

Effective August 9, 2013, we will no longer print payroll checks. All payroll funds must be direct deposited. You must have banking arrangements in place prior to employment with the City of Yukon.

We can deposit funds to multiple accounts; checking, savings or a combination of both.

Thank you.



EMPLOYMENT APPLICATION

Human Resources
500 WEST MAIN
P. O. BOX 850500 YUKON,
OKLAHOMA 73085
Phone (405) 350-3926

An Equal Opportunity Employer

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or handicap.

We are pleased that you are interested in a position with the City of Yukon. We are an equal opportunity employer, and no question on this application is intended to secure information to be used for discriminatory purpose. This form is a part of the examination process. Before completing this application, please read the minimum qualifications for the job in which you are interested. You cannot be considered for the position unless you meet these requirements. Answer all questions completely and accurately, and notify us promptly of any change of address.

(PLEASE PRINT)

Date of Application: _____

Position Applied For: _____



Name: _____
Last First Middle

Mailing Address: _____
Address City State Zip

Phone Numbers – where you may be contacted between the hours of 8:00 a.m. and 5:00 p.m.

Primary Phone _____ home cell work (check one)

Alternate Phone _____ home cell work (check one)



Have you filed an application here before? ___ Yes ___ No

If yes, give date: _____ Position applied or: _____

Have you ever been employed here before? ___ Yes ___ No If yes, give date _____

Are you employed now? ___ Yes ___ No If yes, may we contact your present employer? ___ Yes ___ No
A negative answer will not affect your being considered for employment.

Do you have a current driver's license? ___ Yes ___ No Proof will be required.

State: _____ Driver's License Number: _____

Expiration Date: _____

CITY OF YUKON – APPLICATION FOR EMPLOYMENT

Do you have a relative working for the City of Yukon? Yes No

If so, whom? _____ How are you related? _____

On what date would you be available for work? _____

Are you available to work Full-Time Part-Time Shift Work Seasonal?

Are you on a lay-off and subject to recall? Yes No

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

| Name | City & State | DAYTIME TELEPHONE |
|------|--------------|-------------------|
| | | |
| | | |
| | | |

EDUCATION:

| | | High School | College/University | Graduate |
|--|--|---------------------|--------------------|------------------|
| School Name | | | | |
| Years Completed (circle) | | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Degree Obtained: Training, Apprenticeships, and/or Extra-curricular Activities: | | | | |

Honors Received:

Are you currently a student in the high school listed above? Yes No

Do you possess a high school diploma or G.E.D. equivalent? Yes No

CITY OF YUKON – APPLICATION FOR EMPLOYMENT

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Do not leave gaps in your employment history.

| | | | |
|--|---------------|--|------------------------|
| Employer: | Phone: | Dates Employed: From: To: | Work Performed: |
| Address: | | Hourly Wage/Salary Beginning: Ending: | |
| Job Title: | | | |
| Supervisor: | | | |
| Reason for leaving or for wanting to change jobs: | | | |

| | | | |
|--|---------------|--|------------------------|
| Employer: | Phone: | Dates Employed: From: To: | Work Performed: |
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| Job Title: | | | |
| Supervisor: | | | |
| Reason for leaving or for wanting to change jobs: | | | |

CITY OF YUKON – APPLICATION FOR EMPLOYMENT

SKILLS AND QUALIFICATIONS: Summarize skills, qualifications, certifications or licenses you may have that meet the qualifications for this job.

After reviewing the job description, can you perform the essential job functions with or without accommodations? ___Yes ___No

State any additional information you feel may be helpful to us in considering your application.

List languages other than English that you speak proficiently, including communicating with the deaf.

CITY OF YUKON – APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS

******* AGREEMENT*******

READ CAREFULLY BEFORE SIGNING

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading statements/answers will disqualify me from employment consideration.

The background information supplied by an applicant for an open position will be checked. This check will cover the accuracy of the data furnished and the past performance record of the candidate. I hereby authorize the City of Yukon to investigate all statements contained in this application and verify the facts claimed by me on this application. I understand that such information is confidential, and the City cannot reveal the reason for rejection.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City.

I further understand and agree that my employment with the City of Yukon does not constitute an employment contract and that I may resign my position and voluntary leave employment, or my employment may be terminated at any time for any reason.

I hereby grant permission to the City of Yukon to investigate and verify any of the information included in the application, and I agree to submit to a drug test and medical examination, if required.

Signature of Applicant

Date

City of Yukon – Human Resources Department

AUTHORITY OF RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the City of Yukon, Human Resources Department, bearing this release, or a photo copy thereof, within one (1) year of its date, to obtain any information from your files pertaining to my employment records including, but not limited to, attendance, employment history and disciplinary records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the express use of the City of Yukon, Human Resources Department.

I hereby release you as the custodian of such records and, any school, college or university or other education institution, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me because of compliance with this authorization and request to release information, or any attempt to comply with it.

A copy of this authority to release will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature of Applicant

Date

Typed/Printed: _____
(Full Name)

Current Address: _____

City/State/Zip: _____

Area Code/Phone No.: _____