

## EMPLOYMENT APPLICATION

# Grady County

326 Choctaw Ave  
Chickasha Ok, 73018



### Instructions:

Please answer all questions. Application must be completely filled out to be considered. Application will be retained one year, during which time you may update it. Candidates whose qualifications best meet the need of Grady County will be considered. Grady County is an equal opportunity employer.

### Application Information

Full name:	_____	Date:	_____
	<small>Last First M.I.</small>		
Address:	_____	Phone:	_____
	<small>Street address Apt/Unit #</small>		
	_____	Email:	_____
	<small>City State Zip Code</small>		
Position Desired:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Desired Salary:	\$ _____
Date Available:	_____		
Position applied for:	_____		
Have you ever worked for Grady County?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes then when?	_____		
What Department?	_____		
Do you have any relative working for Grady County?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes then who?	_____		
Relationship to you?	_____		
What department does relative work?	_____		
Are you a citizen of the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, are you authorized to work in the U.S.? In addition, if you are under 18 years of age, can you provide proof of your eligibility to work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(Verification will be required and failure to furnish documentation will be cause for separation.)	
Have you ever worked for this company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?	_____
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain?	_____
Do you possess a valid Oklahoma Driver's License?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Expiration Date:	_____
Type: D <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/>	Endorsements: _____	License Number:	_____

## Education

High school:			Address:				
From:		To:		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:	
College:			Address:				
From:		To:		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:	
Other:			Address:				
From:		To:		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:	

Please list any other education, training special skills, or certificates/licenses that you possess related to job:

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## References

Please list three professional references.

Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	
Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	
Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	

## Previous Employment

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## Military Service

Branch:	_____	From:	_____ To: _____
Rank at discharge:	_____	Type of discharge:	_____
If other than honorable, explain:	_____		

## Disclaimer and signature

Please read before signing:

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or if employed, termination from employment.
2. It is my understanding that Grady County may make a thorough investigation and may verify all data given in this application.
3. I agree that my employment may be terminated by Grady County at any time without liability for wages or salary except such as may have been earned at the time of such termination.
4. Business needs may at times make the following conditions mandatory: overtime, shiftwork, a rotation schedule, or a work schedule other than Monday through Friday.
5. Grady County reserves the right to request a pre-employment (post-offer) physical examination and comprehensive drug testing as a normal part of the selection process.
6. Nothing on the application is intended to create or imply a contractual relationship; if hired, the employee understands that employment is at will, i.e., that is not for any specific time period or duration, and can be terminated with or without reason at any time.

This is an application for employment. Employment is not being offered at this time. I understand that if I am employed, such employment is for an indefinite period of time and that Grady County can change wages, benefits, and conditions at any time.

If employed, I will comply with all rules and regulations as set forth in the Grady County Personnel Policy and other policies as established by departmental procedures.

I have read or have had this application read to me and understand all statements and questions contained in the application for employment, and have answered to the best of my ability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RETURN COMPLETED APPLICATIONS TO:  
GRADY COUNTY CLERK  
326 W. CHOCTAW AVE; located on the first floor

Or by mail to  
GRADY COUNTY CLERK  
PO BOX 1009  
CHICKASHA, OK 73023