

Town of Burns Flat  
Application for Employment

P.O. Box 410, Burns Flat, OK 73624    Phone: 580-562-3144    Fax: 580-562-3146    BurnsFlatOK.com

Last Name		M.I.	First Name	
Address (Street/City/State)		Zip Code	Phone #	
Alternate Contact Name			Phone #	
Position Desired:		How did you learn about the job opportunity?		
You application may be considered for other positions as they become available. Please indicate any other areas of interest:				
Have you ever been convicted of a crime, excluding misdemeanors?    Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain:				
Were you ever or are you currently employed by the Town of Burns Flat?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and what position: Are you related to any employee or member of the Board of Trustees? If yes, who and how are you related:				
Are you 18 years or older?    Yes <input type="checkbox"/> No <input type="checkbox"/>		For lifeguard position, are you 16 years or older?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a citizen of the United States?    Yes <input type="checkbox"/> No <input type="checkbox"/> If not, do you have a legal right to live and work in the United States?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
Driver's License Number		State of Issuance	Type	Expiration Date
Military Service Date Entered: _____ Date Separated: _____ Honorably Discharged    Yes <input type="checkbox"/> No <input type="checkbox"/>				
Type of military training:				
Please describe below any education or training you have received which would qualify you for the job for which you are applying.				
Name of School	Location	Areas of Study	Type & Date of Degree	

<b>Company Name and Address</b>	<b>Job Title</b>
Description of work performed:	From (Month/Year):
	To (Month/Year):
	Starting Pay:
	Ending Pay:
	Your supervisor's Name, Title and Phone Number
Number of employees you supervised:	
<b>Company Name and Address</b>	<b>Job Title</b>
Description of work performed:	From (Month/Year):
	To (Month/Year):
	Starting Pay:
	Ending Pay:
	Your supervisor's Name, Title and Phone Number
Number of employees you supervised:	
<b>Company Name and Address</b>	<b>Job Title</b>
Description of work performed:	From (Month/Year):
	To (Month/Year):
	Starting Pay:
	Ending Pay:
	Your supervisor's Name, Title and Phone Number
Number of employees you supervised:	

Other work experience, special skills, equipment you can operate, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all statements made on this application are true and correct and understand that any false statement made by me on this application could cause me to be ineligible for employment or terminated from employment. I further authorize the Town of Burns Flat to investigate and verify the statements claimed by me on this application and to check references with my former employers.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Equal Opportunity Employer*