



**Town of Luther**  
PO Box 56 / 119 S Main  
Luther, OK 73054  
(405) 277-3833  
[www.townoflutherok.com](http://www.townoflutherok.com)  
[office@townoflutherok.com](mailto:office@townoflutherok.com)

## Employment Application

The Town of Luther does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, disabled status, or any other legally protected status

Please print or type the answers to each question clearly and completely. On Yes or No questions, please circle the appropriate answer. Applications will be retained in our active files for a period of one year.

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### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES / NO If no, are you authorized to work in the U.S.? YES / NO

Have you ever been employed by the Town of Luther? YES / NO If yes, when? \_\_\_\_\_

Do you have any relatives employed by the Town of Luther? YES / NO If yes, whom? \_\_\_\_\_

Are you related to any member of the Town Board? YES / NO If yes, whom? \_\_\_\_\_

Do you possess a valid Oklahoma driver's license? YES / NO If no, what state? \_\_\_\_\_  
DL#: \_\_\_\_\_ Exp: \_\_\_\_\_ Class: \_\_\_\_\_

Have you ever been convicted of a felony? YES / NO If yes, explain: \_\_\_\_\_

Please list any Job Related Licenses or Certificates you possess:

IF APPLYING FOR A POSITION THAT REQUIRES LICENSE OR CERTIFICATION, COPIES **MUST** BE ATTACHED

Certification/License Name & Number \_\_\_\_\_  
Certification/License Name & Number \_\_\_\_\_  
Certification/License Name & Number \_\_\_\_\_

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**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Graduate? YES / NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Graduate? YES / NO Diploma: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Graduate? YES / NO Diploma: \_\_\_\_\_

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**References**

Please list three professional references

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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**Previous Employment**

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

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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

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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

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**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

*I certify that I have reviewed the information supplied by me and that my answers are true and complete to the best of my knowledge. A dishonest answer to any question in this application will cause me to become ineligible for employment or may be grounds for dismissal after a conditional offer of employment has been made. I hereby grant permission to the Town of Luther to investigate and verify any of the information included in this application and to submit to medical examination and pre-employment drug test, if required.*

*I understand that the Town of Luther has a mandatory drug screen program for job applicants who are offered employment. If I am offered employment by the Town of Luther, I understand I will be required to provide a urinalysis sample and/or blood test for drug screening purposes. The screen will be to identify the presence of controlled or other prohibited substances. Failure of the drug screen or refusal to submit to the screen will result in denial of employment.*

*I understand that, just as I am free to resign at any time, my employment and compensation is terminable at-will. The Town of Luther may terminate my employment at any time and for any reason whatsoever, with or without good cause and without prior notice. I understand that no representatives of the Town of Luther have the authority to make any assurances to the contrary.*

*I further understand that this application is not a contract of employment. I hereby release the Town and its agents from all liability in making any investigation and inquiry relative to this application and to abide by all rules and regulations of the town.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTICE**

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Under the Oklahoma Open Records Act, your job application and resume is considered to be a public record (subject to public inspection) if you are employed by the Town of Luther. All applications are considered private and confidential until that point.

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