



Town of Luther
PO Box 56 / 108 S Main
Luther, OK 73054
(405) 277-3833
www.townoflutherok.com
office@townoflutherok.com

Employment Application

The Town of Luther does not discriminate on the basis of race, color, religion, sex, national origin, age, marital, 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.

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 _____

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: _____

References

Please list three professional references

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

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

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

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

Use additional sheets if necessary

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.

This classification may be a "safety sensitive" position as defined by the United States Department of Transportation drug and alcohol testing regulations, the Oklahoma Standards for Workplace Drug and Alcohol Testing Act and/or Oklahoma Medical Marijuana laws. Please read the job description provided to determine if the position is "safety sensitive" or not. In a "safety sensitive" classification, you will be subject to drug and alcohol testing, including random testing. Marijuana is one of the substances included in the drug panel screening. Possession of a medical marijuana license will not excuse you from the testing process, or the consequences of testing positive for marijuana.

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: _____

NOTICE

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.

03/22023