



PO Box 67 | 111 S Broadway | Hooker Oklahoma 73945
(580) 652-2885 | cityofhooker@hookeroklahoma.net

APPLICATION FOR EMPLOYMENT

Date: _____ Position Applying for: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security Number: _____ / _____ / _____

Email: _____ Date of Birth: _____

Have you ever filled out an application with the City of Hooker before? Yes No

If yes, when _____

Have you ever been employed with the City of Hooker before? Yes No

If yes, when _____

Are you eligible to work in the United States? Yes No

Date available for work ____ / ____ / ____

Are you available to work: Full Time Part Time/Seasonal

Are you currently employed? Yes No

May we contact your present employer? Yes No

OTHER QUALIFICATIONS

List any specialized training, job related skills and qualifications:

PREVIOUS EMPLOYMENT

Employer:	Dates Employed:
Address:	Phone:
Job Title:	Supervisor:
Reason for Leaving:	
Employer:	Dates Employed:
Address:	Phone:
Job Title:	Supervisor:
Reason for Leaving:	
Employer:	Dates Employed:
Address:	Phone:
Job Title:	Supervisor:
Reason for Leaving:	

REFERENCES

Name:	Phone:
Name:	Phone:
Name:	Phone:

I certify that answers given are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I consent to taking such pre-employment examinations as may be required by the City of Hooker. I understand that any false answers or statements made by me on this application, or any supplement thereto in connection with the above mentioned investigation, with the above mentioned investigation, will constitute justification for immediate termination of my employment.

Signature of Applicant: _____ **Date:** _____