

# APPLICATION FOR EMPLOYMENT

## TOWN OF FORT GIBSON FORT GIBSON UTILITIES AUTHORITY

200 West Poplar Avenue  
PO Box 218  
Fort Gibson, OK 74434-0218  
Phone: 918-478-3551 • Fax: 918-478-4908

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Employment Agency	<input type="checkbox"/>
Relative			

Last Name		First Name		Middle Name		
Address		Name	Street	City	State	Zip Code
Telephone Numbers(s)						

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes  No

Have you ever filed an application with us before? If Yes, give date: \_\_\_\_\_ Yes  No

Have you ever been employed with us before? If yes, give date: \_\_\_\_\_ Yes  No

Are you currently employed? Yes  No

May we contact your present employer? Yes  No

Are you prevented from lawfully becoming employed in this Country because of Visa or immigration status? Yes  No

Proof of Citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part time  Temporary

Can you travel if a job requires it? Yes  No

Have you been convicted of a felony? Yes  No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EDUCATION

	Name and Address Of School	Course of Study	Years Completed/ Diploma Degree	Degree Earned						
High School		NA		<table border="1"> <tr> <td>HS Diploma</td> <td></td> </tr> <tr> <td>GED</td> <td></td> </tr> <tr> <td>NA</td> <td></td> </tr> </table>	HS Diploma		GED		NA	
HS Diploma										
GED										
NA										
Undergraduate College										
Graduate Professional										
Other (Specify)										

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

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# ADDITIONAL INFORMATION

**Other Qualifications**  
List Computer programs with which you are proficient.

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State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the Activities involved in the job or occupation for which you have applied?  Yes  No

A description of the activities involved in such a job or occupation is attached

## EMPLOYMENT EXPERIENCE

**Start with your present or last job.** Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason For Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason For Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason For Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper, or attach Resume.

A Resume is not a substitute for completing the other questions on the form.

**List Professional, trade, business or civic activities and offices held.**

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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## REFERENCES – Do not include family members or past supervisors.

1	_____	_____	_____
	(Name)	Phone #	Best Time To Call
	How do you know this person?		
2	_____	_____	_____
	(Name)	Phone #	Best Time To Call
	How do you know this person?		
3	_____	_____	_____
	(Name)	Phone #	Best Time To Call
	How do you know this person?		

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statement contained in this application for employment as may be necessary in arriving an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such changes are specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Signature of Applicant

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: \_\_\_ Yes \_\_\_ No

Remarks: \_\_\_\_\_

Employed: \_\_\_ Yes \_\_\_ No

Date of employment: \_\_\_\_\_

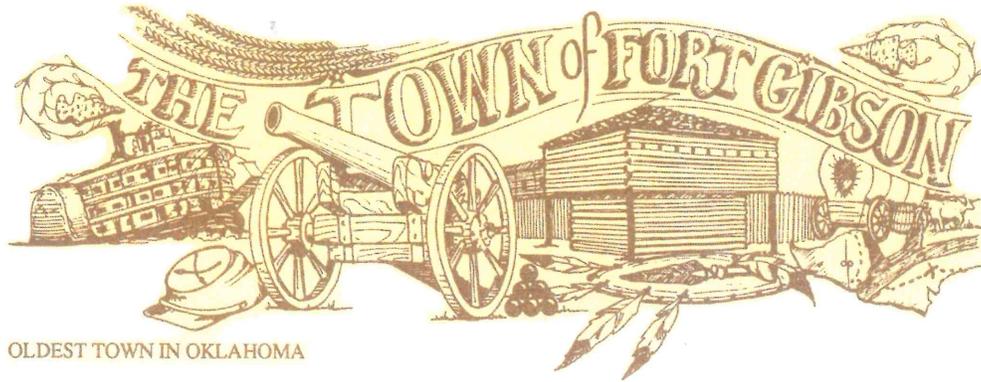
Job Title: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_ Department: \_\_\_\_\_

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

By: \_\_\_\_\_

Name and Title



### **Pre-Employment Drug Testing Policy**

All final job applications for employment at the Town of Fort Gibson/ Fort Gibson Utilities Authority will undergo screening for the presence of illegal drugs as a condition of employment. (\*)

Candidates will be required to voluntarily submit to a drug screen at Muskogee Occupational Care, and sign a consent agreement releasing the Town of Fort Gibson/ Fort Gibson Utilities Authority from any and all liability.

Any candidate with positive test results will be denied employment at that time, but may initiate another application with the Town of Fort Gibson/ Fort Gibson Utilities Authority after six-months.

The Town of Fort Gibson/ Fort Gibson Utilities Authority will not discriminate against candidate for employment because of past use/ abuse of alcohol or drugs. It is the current abuse of drugs or alcohol which prevents employees from properly performing their jobs that the Town of Fort Gibson/ Fort Gibson Utilities Authority will not tolerate.

All results from drug screens will be kept confidential.

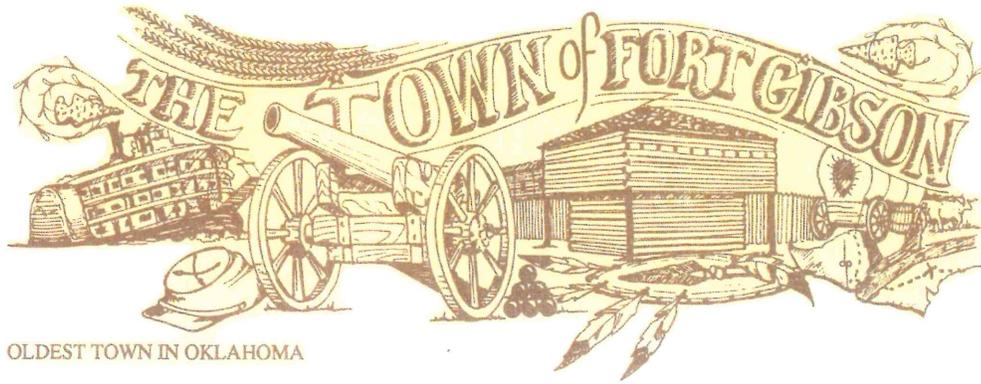
(\*) This statement should be included on all employment applications with a space for the applicant to agree or disagree to the testing during the application process.

\_\_\_\_\_ I agree

\_\_\_\_\_ I disagree

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Agreement

### Pre-employment Agreement

**Please read carefully or have someone read it to you.**

I agree to submit to a drug screen as part of my application for employment with the Town of Fort Gibson/Fort Gibson Utility Authority. I understand that either refusal to submit to the drug screen, or failure to qualify according to the minimum standards established by the Town of Fort Gibson/Fort Gibson Utility Authority for this screen, may disqualify me from further consideration for employment.

I further understand that upon employment with the Town of Fort Gibson/Fort Gibson Utility Authority I may again be required to submit to a drug screening under the conditions outlined in the company policy for a Drug Free Workplace, which I have read prior to signing this statement. I understand that refusal to take a requested drug screen, may result in immediate suspension or discharge.

I have read in full and understand the above statements and conditions of employment as specified by company policy.

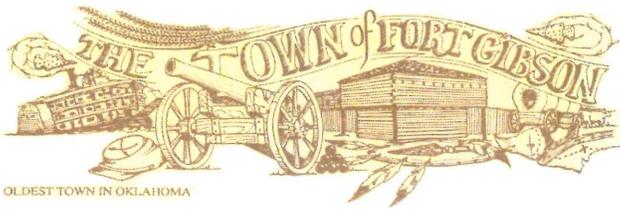
\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (If form read to applicant)

Drivers Licence Information: State \_\_\_\_\_ # \_\_\_\_\_

Exp Date \_\_\_\_\_



## **SUBSTANCE ABUSE PROGRAM**

### **I. Statement of Policy**

The Town of Fort Gibson/Fort Gibson Utilities Authority recognizes the problem of substance abuse in our society as a serious threat to our employees and the community. The Town of Fort Gibson/Fort Gibson Utilities Authority has thus established a substance abuse policy that strives to balance respect for individual privacy with the need to keep a safe, productive, drug-free environment.

It is the general policy of the Town of Fort Gibson/Fort Gibson Utilities Authority that the unlawful use, possession, distribution or manufacture of a controlled substance is Unacceptable and strictly prohibited in the workplace, or in any facility/location owned, leased or otherwise utilized by Town of Fort Gibson/Fort Gibson Utilities Authority. Accordingly, such prohibitions exist and apply to any and all employees involved in any activity of the Town of Fort Gibson/Fort Gibson Utilities Authority, regardless of location, date, or time of day. With this objective in mind, the Town of Fort Gibson/Fort Gibson Utilities Authority has established the following program.

### **II. Definitions**

- A. “Legal Drug” – includes prescribed drugs and over-the-counter medications which have been legally obtained, and are being used solely for the purpose and in the manner for which they were prescribed or manufactured.
- B. “Illegal Drugs” – any drug: (a) which is not legally obtainable; or (b) which may be legally obtainable, but has not been legally obtained or is possessed by other than the person for which the drug was prescribed.
- C. “Drug Abuse” – the use of any drug (a) in a manner or for a purpose other than as prescribed; or (b) in a way that deviates from approved medical reason or socially acceptable standards (to include ETOH-ethyl alcohol).
- D. “Visibly Impaired” – when a person exhibits a pattern of abnormal conduct or erratic behavior observably consistent with the physical and behavioral symptoms of being under the influence of a drug, any of which would lead to a reasonable suspicion of impairment.

- E. “Employee Assistance Program (EAP)” – means the Town of Fort Gibson/Fort Gibson Utilities Authority counseling program (in-house or referral) that offers assessment, short-term counseling and referral services to employees for a wide range of drug, alcohol, and mental health problems, and monitors the progress of employees while in treatment.

### **III. Policy and Work Rule**

The Town of Fort Gibson/Fort Gibson Utilities Authority policy is to maintain a work force free from use of illegal drugs and the abuse of alcohol/other mood-altering substances on or in the work place. Any employee determined to be in violation of this policy may be subject to disciplinary action, up to and including involuntary separation (termination), even for the first offence. It is the philosophy of the Town of Fort Gibson/Fort Gibson Utilities Authority that personnel should not use illegal drugs, abuse alcohol and/or other mood altering substances, on or away from the work place. In order to maintain this policy and encourage compliance with the company philosophy, the Town of Fort Gibson/Fort Gibson Utilities Authority has established and will abide by the program and rules set forth below.

#### **A. Pre-Employment Drug Screening**

The Town of Fort Gibson/Fort Gibson Utilities Authority will conduct pre-employment screening examinations designed to prevent hiring individuals who use illegal drugs and those whose abuse of legally prescribed substances indicate a potential for impairment or unsafe job performance, endangering property and others. This procedure will have a positive effect on reducing instances of illegal drug use by employees working within the company, and will provide for a safer work environment for all.

Each new applicant for employment will be informed during the application process, in writing that as a prerequisite to employment, all applicants will submit to urinalysis to screen for illegal drug use.

#### **B. General Rules and Procedures**

An employee reporting to work “visibly impaired” will be deemed unable to properly perform duties, and will not be allowed to work. If possible, the employee’s supervisor should first seek another supervisor’s opinion to confirm and document the employee’s status. Next, the supervisor will consult privately with the employee to

determine the nature of the observation, including whether substance abuse has occurred or any other reason for the impairment, documenting such in writing. If, in the opinion of the supervisor, the employee is considered impaired, the employee should be sent home, or to any appropriate medical treatment facility, by taxi or another safe transportation alternative, depending on the extent of the observed impairment, and accompanied by the supervisor or another employee, if necessary. An impaired employee should not be allowed to drive. A drug test may be in order if requirements stated in "C" below are met.

### **C. Current Employee Drug/Alcohol Abuse Screening**

The Town of Fort Gibson/Fort Gibson Utilities Authority may use screening practices to identify employees who use illegal drugs or abuse alcohol in or at the workplace during normal or extended business hours. It shall be a condition of continued employment for all employees, when requested, to submit to a drug screen under the following circumstances:

- (1) When there is a reasonable suspicion to believe that an employee is using, or has used illegal drugs, is abusing alcohol, or misusing/abusing legally prescribed medications and is under the influence of said medications while on the job. Among the circumstances, but not limited to, that could be indicators of a substance abuse problem and/or considered reasonable suspicion thereof, are:
  - a. Observed alcohol or illegal drug abuse during working hours at or in the workplace, or off premises while performing work related functions.
  - b. A state of obvious "visible impairment" physically and mentally, to include but not limited to: slurred speech, unsteady or staggered gait; mental confusion; disorientation; odor associated with smell of alcohol on breath; falling asleep at inappropriate times; incoherent mental state; etc.
  - c. Marked changes in personal behavior that are otherwise unexplainable by known or reasonable circumstances.
  - d. Deteriorating work performance of a continuing nature that is not attributable to other known factors.
  - e. Actions that provide reasonable cause to believe the employee may be under the influence, and could or may present a danger to him/herself, others or property.
  - f. When there is a preventable accident occurring at work or while driving company vehicles, and/or engaging in unsafe, on-duty, job-related activities that pose a danger to others or the overall operation of the company.

- g. Arrest and/or conviction for a drug-related offense, or the identification of any employee as the focus of a criminal investigation into illegal drug possession, use or trafficking.

Although reasonable suspicion testing does not require certainty, mere “hunches” are not sufficient to meet these standards. If a supervisor or administrator deems a drug screen necessary for grounds of reasonable suspicion, the next higher in the chain of command will be the approving authority.

- (2) When an employee has participated in, or entered, a drug treatment program, after returning to the workplace. Drug screens will be unannounced, and at least once annually for a period of two years, or by set requirements of the drug treatment after-care program.
- (3) \*If Applicable\* on a random basis for those employees who are designated safety sensitive, or are required to be randomly tested by federal or state law.

All information, interview, report statements, memorandum and drug test results, written or otherwise received by the company as part of this drug testing program are confidential communications, to be maintained separate from personnel files, and assessed only by the Employee Assistance Program designated person and/or chief administrator of the company.

Unless authorized by state laws, rules, or regulations, or by court order, the company will not release such information without a written consent form signed voluntarily by the person tested.

#### **D. Employee Assistance Program (EAP)**

The Town of Fort Gibson/Fort Gibson Utilities Authority maintains an Employee Assistance Program (EAP) which provides help to employees and their families who suffer from alcohol or drug abuse. However, it is the responsibility of each employee to seek assistance from the EAP on a voluntary basis.

The Town of Fort Gibson/Fort Gibson Utilities Authority recognizes that Alcoholism and Drug addiction are diseases responsive to treatment and rehabilitation.

The employee’s decision to voluntarily seek prior assistance from the EAP will not be used as the basis for disciplinary action, and will not be used against the employee in any disciplinary proceeding. However, using the EAP will not be a defense to the

imposition of a disciplinary action where facts providing a violation of this policy and the EAP are not in conflict, but are distinctly separate in their applications.

Through the Employee Assistance Program (EAP), the Town of Fort Gibson/Fort Gibson Utilities Authority will provide (or arrange for the provision of) appropriate assessment, referral to treatment programs, and treatment of alcohol/drug abuse, subject to the provisions of the Town of Fort Gibson/Fort Gibson Utilities Authority health insurance plan. Any costs in excess of insurance coverage are the responsibility of the employee. Such employees may be granted leave with a conditional return to work depending upon the successful completion of the EAP recommended appropriate treatment program and after-care, which shall include random testing.

#### **E. Grounds for Termination or Disciplinary Action**

- (1) **Illegal Drug Abuse** – An employee bringing onto the Town of Fort Gibson/Fort Gibson Utilities Authority premises or property, in possession of, possessing in the employee's body, blood, or urine any detectable amount while at or in the work place, selling or attempting to sell or transfer, any form of illegal drug, as previously defined, while on company business or at any time during the hours between the beginning and ending of the employee's work day, whether on duty or not, is guilty of misconduct, and is subject to disciplinary action up to, and including, involuntary separation (termination), even for the first offense.
- (2) **Alcohol Abuse** – an employee who is under the influence of alcohol beverages at any time while on company business, and/or at any time during the hours between the beginning and ending of the employee's work day while in or at the workplace, may be guilty of misconduct and is subject to disciplinary action up to, and including termination, even for the first offense.

An employee shall be determined to be under the influence of alcohol if:

- (a) the employee's normal faculties are visibly impaired due to the consumption of alcohol; or
  - (b) the employee has a blood alcohol level of .05 or higher;
- (3) **Failure to submit** – failure to submit to required drug screen examination/tests is misconduct, and grounds for disciplinary action up to, and including separation from employment (termination).

- (4) Prescription Drugs/Over the Counter Medications – when an employee is taking a legally prescribed medication or over-the-counter drug, the medication/drug should not be abused and must be taken in the manner and amount indicated by the prescribing physician. It is the employee’s responsibility to inform their immediate supervisor when they are taking a prescribed drug or medication that can or will interfere with the employee’s ability to perform their work duties. Employees who are taking medications or drugs that may/will interfere with their ability to perform their job are forbidden to operate vehicle, machinery, equipment, etc. Employees who violate this policy are subject to disciplinary action up to, and including termination.
- (5) Actions to be Taken – in deciding the course of actions to be taken for violation of this policy, the Town of Fort Gibson/Fort Gibson Utilities Authority will take into consideration: (a) the employee’s job assignment; (b) the record of the employee with the company; and (c) other such factors. An employee who has an initial positive test result may be administratively referred (involuntary referral) to the Employee Assistance Program (EAP). If the employee declines the referral, or refuses the EAP recommendation for appropriate treatment, termination will result.