

EMPLOYMENT APPLICATION

**GRADY COUNTY FAIRGROUNDS & EVENT CENTER
500 EAST CHOCTAW AVENUE
CHICKASHA, OK 73018
404-224-2031**

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative.

DATE OF APPLICATION			
PRINT FULL NAME			
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER		EMAIL	

Have you ever been involuntarily asked to resign from any job? YES NO

If Yes, please explain;

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add an addition page if necessary.

NAME OF EMPLOYER		SUPERVISOR	MAY WE CONTACT?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER		(MONTH/YEAR)	(MONTH/YEAR)
	DATES EMPLOYED		
JOB TITLE & DUTIES		REASON FOR LEAVING	

NAME OF EMPLOYER		SUPERVISOR	MAY WE CONTACT?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER		(MONTH/YEAR)	(MONTH/YEAR)
	DATES EMPLOYED		
JOB TITLE & DUTIES		REASON FOR LEAVING	

NAME OF EMPLOYER		SUPERVISOR	MAY WE CONTACT?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER		(MONTH/YEAR)	(MONTH/YEAR)
	DATES EMPLOYED		
JOB TITLE & DUTIES		REASON FOR LEAVING	

BUSINESS & PROFESSIONAL REFERENCES

Please list three professional references of individuals who are not related to you.

NAME	TITLE	RELATIONSHIP	TELEPHONE NUMBER

Please list any other experience, job-related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

GENERAL INFORMATION

1. Have you ever worked for Grady County or Grady County Fairgrounds and Event Center before?
 YES NO
2. Do you have friends and/or relatives currently working for this organization? YES NO
3. If hired, would you have reliable means of transportation to and from work? YES NO
4. If hired, are you able to work overtime, weekends, and holidays? YES NO
5. Are you at least 18 years of age? YES NO
NOTE: if under 18, hire is subject to verification that you are of minimum legal age.
6. If hired, can you present evidence of your identity and legal right to work in this country?
 YES NO
7. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? YES NO

NOTE: We comply with Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

APPLICANT STATEMENT AND AGREEMENT

- I hereby authorize the organization to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the organization any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the organization, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.
- In the event of my employment with the organization, I understand that I am required to comply with all rules and regulations of the organization.
- If hired, I understand and agree that my employment with the organization is at-will and that neither I nor the organization is required to continue the employment relationship for any specific term. I further understand that the organization or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.
- I understand that the safety of employees is extremely important to the organization and that the organization is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of the site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.
- I hereby certify the the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
- I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws requires me to complete an I-9 Form in this regard.
- I understand that if any term, provision, or portion of the Agreement is declared void or unenforceable, it shall be severed, and the remainder of the Agreement shall be enforceable.

My signature attests to the fact that I have read, understand, and agree to all of the above terms.

Signature:

Name (print):

Date:
