

Carl Reherman City Management INTERNSHIP PROGRAM



OUR COMMITMENT TO YOU

The City of Edmond is committed to creating opportunities for the professional growth and development of individuals interested in local government operations. These opportunities are intended to introduce these individuals to public service careers. An internship with the City of Edmond allows the individual to learn and gain valuable experience as they assist in delivering a wide range of services to the community. The City offers a diverse and engaging work environment while providing the intern with the opportunity to work alongside and in support of the individuals who comprise the City of Edmond workforce.

HIGHLIGHTS

- Practical Work Experience
- Flexible schedule
- Earn 3 hours of college credit per semester
- Involved in issues & decisions facing the community
- Paid an hourly salary
- Be part of a city thriving on innovation, customer service, community engagement and sustainability

REQUIREMENTS

- Minimum 3.0 GPA
- 20 hours per week
- Open to all UCO students
- Preference will be given to those seeking a career in city management and local government

APPLICATION PROCESS DUE DECEMBER 1

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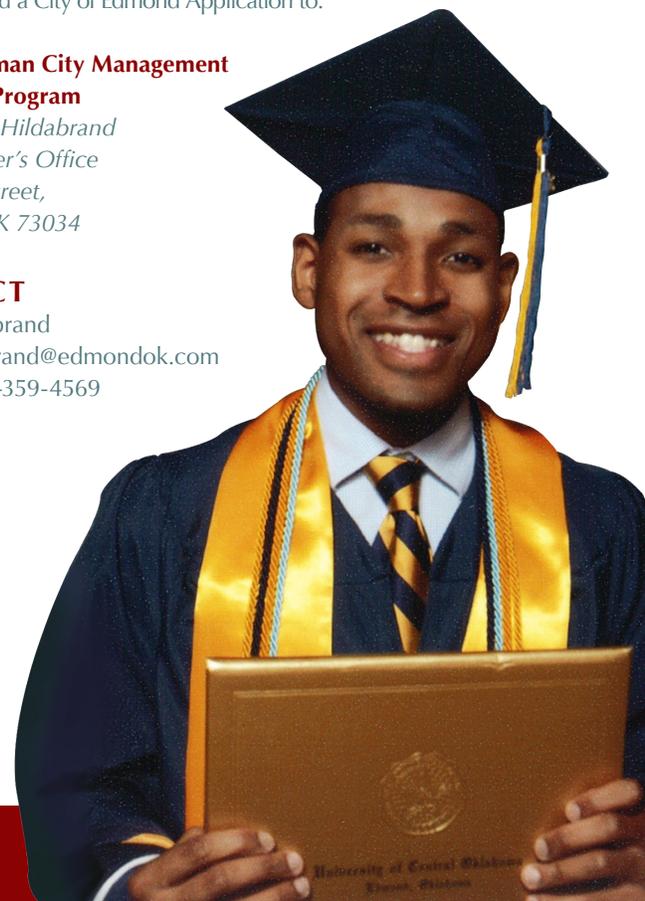
Submit a letter of interest, vita/resume, most recent official transcript, one letter of recommendation from a professor familiar with the candidate's potential, and a City of Edmond Application to:

Carl Reherman City Management Internship Program

Attn: Todd Hildabrand
City Manager's Office
24 E. First Street,
Edmond, OK 73034

CONTACT

Todd Hildabrand
todd.hildabrand@edmondok.com
Phone: 405-359-4569





**Carl Reherman City Management Internship Application
City of Edmond, OK**

Name: _____

Address: _____

Email: _____

Check one:

Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate _____

Major/ Degree Pursuing: _____

Student Intern Signature: _____
Intern's signature

Submit this form, along with:

- 1.) City of Edmond Application
- 2.) A letter of interest
- 3.) Resume
- 4.) Most recent official school transcript
- 5.) One letter of recommendation from a professor familiar with the student's academic and professional interests

Submit application packet to Todd Hildabrand, Staff Asst to City Council & City Manager. 24 E First Street, Edmond, OK 73034. todd.hildabrand@edmondok.com, Fax: 405-359-4512.



Human Resources Department

APPLICANT NAME: _____

JOB NUMBER: _____

JOB TITLE: _____

TO: APPLICANTS FOR EMPLOYMENT WITH THE CITY OF EDMOND

FROM: THE HUMAN RESOURCES STAFF

SUBJECT: APPLICATION PROCESS

The application process with the City of Edmond can be lengthy and is very strictly regulated by several local, state and federal employment guidelines/regulations. While we have made every effort to simplify and expedite the selection process, many equal opportunity, affirmative action and merit system provisions must be monitored.

PLEASE READ THE FOLLOWING GUIDELINES CAREFULLY BEFORE COMPLETING THE APPLICATION FORM. THESE GUIDELINES ARE STRICTLY ENFORCED AND ADHERED TO.

NEPOTISM: In accordance with the City's Policy and Procedure Manual, "No two individuals related by blood or marriage to the third degree shall be employed within the same lines of supervision or work unit in a department. Relatives of department heads and division heads shall not be hired within the same department."

DRIVING STANDARDS: If the position for which you are applying has, as an essential job function, the operating of a City vehicle, or may require driving a City vehicle, you must possess a properly classified, valid Oklahoma Driver's License and your driving record must meet the following driving standards:

1. No more than four (4) points on your driving record.
2. Possess the proper classification of driver's license for the job for which you are applying.
3. Possess and maintain a valid Oklahoma Driver's License during the course of your employment with the City, and maintain a driving record with no more than four (4) points as set out in paragraph 1 above.
4. Must meet the approval of the City's insurance carrier.

BACKGROUND INVESTIGATION: If you are tentatively selected for employment with the City, the Human Resources Department will conduct a background investigation of your credentials prior to your being appointed to a position with the City. You must sign this form to authorize the City to verify your credentials.

DRUG SCREEN TEST: You will be required to take a pre-employment drug screen for employment consideration in accordance with the Oklahoma Standards for Workplace Drug and Alcohol Testing Act, the Omnibus Transportation Employee Testing Act and the City of Edmond Policy and Procedures Manual, Article 11.

APPLICATION PROCESS (continued)

IMMIGRATION REFORM AND CONTROL ACT OF 1986: In accordance with the United States Code, Title 8, Section 132A, the City of Edmond must verify every individual's eligibility for employment in the United States. The Department of Homeland Security and the United States Department of Labor require you to furnish the City of Edmond with document verification of employment eligibility. If you are extended an offer of employment, you will be required to furnish such documentation. Failure to furnish the City of Edmond with the requested documentation will result in denying you employment with the City.

Have you been convicted of a felony in the last seven (7) years?

Yes No If yes, please explain _____

(This information does not in itself disqualify you for employment.)

Applicant Signature

Date

Please feel free to contact the Human Resources staff if you have any questions regarding Edmond's selection process. In closing, let us thank you for your interest in considering the City of Edmond as a career option.

******* FOR HUMAN RESOURCES USE ONLY *******

Position Applied For Is Open? Yes No

Send to Department Supervisor? Yes No

Remarks: _____

City of Edmond

APPLICATION
FOR EMPLOYMENT

P. O. Box 2970
Edmond, OK 73083
Attn: Human Resources

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or handicap.

(PLEASE PRINT)

Date of Application: _____

Position Applied For: _____

Referral By: Edmond Sun Oklahoman Other newspaper: _____

Walk-In Job Line Friend/Relative Edmond Employee: _____

www.edmondok.com TV Channel 20 Internet(which site?) _____

SOCIAL SECURITY NUMBER: _____

NAME: _____
Last First Middle

MAILING ADDRESS: _____
Address City State Zip Code

PHONE NUMBERS where you may be contacted between the hours of 8 am & 5 pm:

PRIMARY PHONE #: _____ home cell work (check one)

ALTERNATE PHONE #: _____ home cell work (check one)

.....
Have you filed an application here before? Yes No.

If yes, give date: _____ Position applied for: _____.

Have you ever been employed here before? Yes No. If yes, give date: _____.

Are you employed now? Yes No. If yes, may we contact your present employer? Yes No. A negative answer will not affect your being considered for employment.

CITY OF EDMOND - APPLICATION FOR EMPLOYMENT

Do you have a current driver's license? Yes No. Proof will be required.

State: _____ Driver's License Number: _____

Expiration Date: _____

Do you have a relative working for the City of Edmond? Yes No.

If so, whom? _____ How are you related? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No.

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Seasonal?

Are you on a lay-off and subject to recall? Yes No

Give name, address and telephone number of three references who are not related to you and are not previous employers.

| Name | City & State | DAYTIME TELEPHONE |
|------|--------------|-------------------|
| | | |
| | | |
| | | |

EDUCATION:

| School Name | High School | College/University | Graduate |
|--|--|---|---|
| Years Completed | <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| DEGREE OBTAINED: Training, Apprenticeships, and/or Extra-curricular Activities: | | | |

Honors Received: _____

Do you possess a high school diploma or G.E.D. equivalent? Yes No
 Are you currently a student in the high school listed above? Yes No

CITY OF EDMOND - APPLICATION FOR EMPLOYMENT

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Do not leave gaps in your employment history. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

| | | | |
|---|--------|---|-----------------|
| Employer: | Phone: | Dates Employed From: To: | Work Performed: |
| Address: | | Hourly Wage/Salary Beginning: Ending: | |
| Job Title: | | | |
| Supervisor: | | | |
| Reason for leaving or for wanting to change jobs: | | | |

| | | | |
|---|--------|---|-----------------|
| Employer: | Phone: | Dates Employed From: To: | Work Performed: |
| Address: | | Hourly Wage/Salary Beginning: Ending: | |
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| Supervisor: | | | |
| Reason for leaving or for wanting to change jobs: | | | |

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

CITY OF EDMOND - APPLICATION FOR EMPLOYMENT

| | | | |
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| | | | |
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| Job Title: | | | |
| Supervisor: | | | |
| Reason for leaving or for wanting to change jobs: | | | |

SKILLS AND QUALIFICATIONS: Summarize skills, qualifications, certifications or licenses you may have that meet the qualifications for this job.

After reviewing the job description, can you perform the essential job functions with or without accommodations? Yes No

Would you be willing to demonstrate how you would do the essential job functions with or without reasonable accommodations? Yes No

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

List languages other than English that you speak proficiently, including communicating with the deaf.

NOTICE TO APPLICANTS

*****AGREEMENT*****

READ CAREFULLY BEFORE SIGNING

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading statements/answers will disqualify me from employment consideration.

The background information supplied by an applicant for an open position will be checked. This check will cover the accuracy of the data furnished and the past performance record of the candidate. I hereby authorize the City of Edmond to investigate all statements contained in this application and verify the facts claimed by me on this application. I understand that such information is confidential, and the City cannot reveal the reason for rejection.

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 City.

I further understand and agree that my employment with the City of Edmond does not constitute an employment contract and that I may resign my position and voluntarily leave employment, or my employment may be terminated at any time and for any reason.

I hereby grant permission to the City of Edmond to investigate and verify any of the information included in this application, and I agree to submit to a drug test and medical examination, if required.

Signature of Applicant

Date



CITY OF EDMOND

HUMAN RESOURCES DEPARTMENT

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the City of Edmond, Human Resources Department, bearing this release, or a photo copy thereof, within one year of its date, to obtain any information from your files pertaining to my employment records including, but not limited to, attendance, employment history and disciplinary records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the express use of the City of Edmond, Human Resources Department.

I hereby release you as the custodian of such records and, any school, college or university or other educational institution, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me because of compliance with this authorization and request to release information, or any attempt to comply with it.

A copy of this authority to release will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature: _____
(Full Name)

Date: _____

Typed or Printed: _____
(Full Name)

Current Address: _____

City/State/Zip: _____

Area Code/Phone No.: _____



Human Resources Department

EQUAL EMPLOYMENT OPPORTUNITY APPLICATION DATA FORM

The completion of this form is voluntary and will be kept in a confidential file separate from the Application for Employment; however, its completion will help the City of Edmond comply with state and federal reporting requirements. This information will be used for statistical purposes only and will not be used in the selection process. Thank you for providing us with this information.

Position Applied For: _____ Job Number: _____

Applicant Name: _____ Social Security No.: _____

Address: _____ City/State/Zip: _____

ETHNIC BACKGROUND

- Alaskan Native
- Asian
- American Indian
- Black
- Caucasian (White)
- Hispanic (Spanish Origin or Descent)
- Pacific Islander
- Other

SEX

- Male
- Female

DATE OF BIRTH: _____ AGE: _____

ACTIVE MILITARY SERVICE IN THE ARMED FORCES: Branch _____

From: _____ To: _____ Type of Separation: _____

Highest Rank Achieved: _____ Duties: _____

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- Vietnam Era Veteran
- Disabled Veteran
- Handicapped Individual