

Application for Employment

CITY OF ROCK PORT

500 S. Main

Rock Port, MO 64482

660-744-2636

-An Equal Opportunity Employer-

The city's policy is to provide equal opportunity to all qualified applicants and employees without regard to race, color, religion, sex, national origin, age, marital status, or disability.

Position Applied For _____ Date of Application _____

Name _____		
Last	First	Middle
Current Residence _____		
City _____	State _____	Zip _____ How long at this residence? _____
Previous Residence _____		
City _____	State _____	Zip _____ How long at this residence? _____

Social Security Number _____ Home Phone _____

Are you 18 years of age or older? Yes No

Do you possess a valid Missouri Driver's License? Yes No

Have you previously been employed by the City of Rock Port? Yes No

If yes, give dates employed: From _____ To _____

Are you legally eligible for employment in the United States? Yes No *(Proof of U.S. citizenship or immigration status will be required upon employment.)*

Type of employment desired? Full Time Part Time Temporary Seasonal

Will you work overtime if required? Yes No

Do you have any relatives currently employed by the city? Yes No

If yes, give name(s) and relationship(s): _____

Have you ever been convicted of a felony? Yes No

EDUCATION/TRAINING: Please provide information about your educational and training background.

What is the highest level of education you have attained? _____

Elementary/Junior High/High School: _____
(Last one attended) *School Name* *City / State*

Special Training, Technical Schools or Armed Forces Training:

School	Course name	Date Attended
_____	_____	_____
_____	_____	_____

College:

Name	Dates Attended	Major	Degree/Hours
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE: Start with your present or most recent job.

1. Employer: _____ Telephone: _____
Address: _____ City & State _____
Position: _____ Supervisor: _____
Reason for Leaving: _____
Dates Employed: _____ Final Pay: _____

2. Employer: _____ Telephone: _____
Address: _____ City & State _____
Position: _____ Supervisor: _____
Reason for Leaving: _____
Dates Employed: _____ Final Pay: _____

3. Employer: _____ Telephone: _____
Address: _____ City & State _____
Position: _____ Supervisor: _____
Reason for Leaving: _____
Dates Employed: _____ Final Pay: _____

May we contact your present employer? _____ May we contact your previous employers? _____

Give name, address and telephone number of two character references who are not related to you and are not previous employers:

1. _____

2. _____

Summarize special skills or qualifications not covered elsewhere in this application and/or list any additional information you would like us to consider:

PLEASE READ CAREFULLY AND SIGN IN INK. APPLICATIONS NOT SIGNED WILL NOT BE ACCEPTED.

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any false information contained in this application is just cause for rejection of this application and, if employed, sufficient cause for dismissal.

I agree that my possible employment is subject to satisfactory replies from previous and current employers and references and I hereby give said previous and current employers and references permission to release information to the City of Rock Port. I also authorize the City of Rock Port to contact my previous and present employers (except as stated above), references, and to review my driving record, criminal record, and/or other background data as it may relate to the position(s) for which I am applying or have been hired. I hereby release from liability the City of Rock Port and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I understand that a medical examination and/or drug test may be required by the City, after an offer of employment is made and before I begin my employment duties, and the City may condition the employment offer on the results of the examination/test provided all entering employees in the same job category are subjected to such an examination regardless of disability.

I agree to conform to the rules and regulations of the City of Rock Port and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the City or myself. I understand that no representative of the City has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to this disclaimer.

Signature

Date

INTERNAL USE ONLY

Arrange Interview Yes No

Employed Yes No Date of Employment _____

Job Title _____ Department _____

Salary _____

Remarks: _____

By: _____

Name and Title

Date