



# CITY OF GERALD

106 E Fitzgerald • Gerald, Missouri 63037( •573 )764-3340• Fax: (573) 764-2987

## APPLICATION FOR EMPLOYMENT

If you need assistance completing this application, please contact the City Clerk.

**APPLICANT NOTE:** This application form is intended for us in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

(PLEASE PRINT)

Position Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

How did you learn about us?  Advertisement  Friend  Walk-In  Employment Agency  Relative

Other? \_\_\_\_\_

Do you have any relatives working for the City of Gerald?  Yes  No

If Yes, provide the name of the relative and position: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Number(s): \_\_\_\_\_ or \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever filed an application with us before?  Yes  No Date: \_\_\_\_\_

Have you ever been employed with us before?  Yes  No Date: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your current 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 will be required upon employment.**

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

Salary expectation? \_\_\_\_\_

Are you available for:  Full-Time  Part-Time  Shift Work  Temporary  
(check all that apply)

**For advertised positions, please review the complete job description.**

Can you perform the requirements of this job with or without reasonable accommodation?  Yes  No

Have you ever been convicted of a moving traffic violation?  Yes  No

If Yes, please describe all convictions: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony?  Yes  No

If Yes, please describe all convictions: \_\_\_\_\_

## EDUCATION

	High School	Trade/Professional School	Undergraduate College/University	Graduate/ Professional School
School Name and Location				
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Was a Diploma or Degree obtained? If so, please list.		Date:	Date:	Date:
Describe Course of Study (List concentrations, specializations, majors, and minors)				
Describe any job-related training you received in the United States Military?				
Describe any specialized training, apprenticeship, skills and extracurricular activities that may be job-related.				
Describe any honors you have received.				
State any additional information you feel may be helpful to us in considering your application.				

# EMPLOYMENT EXPERIENCE

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

Current/Previous Employer:	<u>Date Employed</u> From _____ To _____		Describe Work Performed:
Address			
Supervisor: _____ Telephone number(s)	<u>Hourly Rate/Salary</u> Starting _____ Final _____		
Job Title:			
Hours worked per week:	Reason for Leaving:		
Current/Previous Employer:	<u>Date Employed</u> From _____ To _____		Describe Work Performed:
Address			
Supervisor: _____ Telephone number(s)	<u>Hourly Rate/Salary</u> Starting _____ Final _____		
Job Title:			
Hours worked per week:	Reason for Leaving:		
Current/Previous Employer:	<u>Date Employed</u> From _____ To _____		Describe Work Performed:
Address			
Supervisor: _____ Telephone number(s)	<u>Hourly Rate/Salary</u> Starting _____ Final _____		
Job Title:			
Hours worked per week:	Reason for Leaving:		
Current/Previous Employer:	<u>Date Employed</u> From _____ To _____		Describe Work Performed:
Address			
Supervisor: _____ Telephone number(s)	<u>Hourly Rate/Salary</u> Starting _____ Final _____		
Job Title:			
Hours worked per week:	Reason for Leaving:		

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

Please explain any gap in your employment history.

## REFERENCES

Provide name, address and telephone number of three business references. Please do not list relatives or friends.

	NAME	RELATION	ADDRESS	PHONE
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1.

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## APPLICANT STATEMENT

I certify that I have read and understand the Applicant Note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief.

I understand and acknowledge my responsibility to notify the employer if I need reasonable accommodation in any testing procedures or interviews required as a result of submission of this application.

I understand that any false information, omission or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize investigation to verify any of this information including, but not limited to, previous employment history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies of law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I agree to a physical exam and drug testing prior to employment.

I understand that the use of illegal drugs is prohibited during employment.

I am willing to submit to testing to detect the use of illegal drugs and alcohol during employment.

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

\_\_\_\_\_  
Date