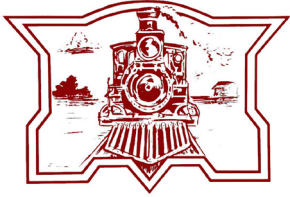


# CITY OF GERALD



City Hall  
 106 E. Fitzgerald Ave.  
 P.O. Box 59  
 Gerald, MO 63037  
 573-764-3340



## APPLICATION FOR EMPLOYMENT

### 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 process and on this application 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 Fill Out & Include All Required Information; If you need assistance, please contact the City Clerk.**

### GENERAL APPLICANT INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	
HOME PHONE:	CELL PHONE:	
EMAIL:		
HOME ADDRESS: <i>(Cannot be P.O. Box)</i>		
Street: _____ City: _____ State: _____ Zip: _____		
MAILING ADDRESS:		
Street/PO Box: _____ City: _____ State: _____ Zip: _____		

### APPLICATION INFORMATION

POSITION APPLIED FOR:	DATE OF APPLICATION:
HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative	
<input type="checkbox"/> Other: _____	
DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF GERALD: <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	
Name, Position	
HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?	<input type="checkbox"/> Yes <input type="checkbox"/> No    DATE: _____
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?	<input type="checkbox"/> Yes <input type="checkbox"/> No    DATE: _____
ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
MAY WE CONTACT YOUR CURRENT EMPLOYER?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF YOUR VISA OR IMMIGRATION STATUS? Proof of citizenship or immigration status will be required upon employment. <input type="checkbox"/> Yes <input type="checkbox"/> No	
ON WHAT DATE WOULD YOU BECOME AVAILABLE FOR WORK?	DATE: _____
SALARY EXPECTATION?    \$ _____ HOUR/YEAR	
ARE YOU AVAILABLE FOR: check all that apply <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary	

**EMPLOYMENT EXPERIENCE**

CURRENT/PREVIOUS EMPLOYER 1:	HIGHEST POSITION:
DATES EMPLOYED (Month Year – Month Year/PRESENT):	SUPERVISOR:
HOURS WORKED PER WEEK:	SUPERVISOR PHONE:
SALARY: STARTING \$ _____ FINAL \$ _____	REASON FOR LEAVING:
DESCRIBE WORK PERFORMED:	

CURRENT/PREVIOUS EMPLOYER 2:	HIGHEST POSITION:
DATES EMPLOYED (Month Year – Month Year/PRESENT):	SUPERVISOR:
HOURS WORKED PER WEEK:	SUPERVISOR PHONE:
SALARY: STARTING \$ _____ FINAL \$ _____	REASON FOR LEAVING:
DESCRIBE WORK PERFORMED:	

CURRENT/PREVIOUS EMPLOYER 3:	HIGHEST POSITION:
DATES EMPLOYED (Month Year – Month Year/PRESENT):	SUPERVISOR:
HOURS WORKED PER WEEK:	SUPERVISOR PHONE:
SALARY: STARTING \$ _____ FINAL \$ _____	REASON FOR LEAVING:
DESCRIBE WORK PERFORMED:	

**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**

SCHOOL NAME:	CITY, STATE
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YEARS COMPLETED:    9    10    11    12	DATES ATTENDED (Month Year – Month Year/PRESENT):
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WAS A DIPLOMA AWARDED?     Yes     No    DATE: \_\_\_\_\_

PLEASE LIST ANY SKILLS LEARNED BENEFICIAL TO THIS POSITION:

**COLLEGE/TRADE SCHOOL**

SCHOOL NAME:	CITY, STATE
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YEARS COMPLETED:    1    2    3    4	DATES ATTENDED (Month Year – Month Year/PRESENT):
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WAS A DIPLOMA AWARDED?     Yes     No    DATE: \_\_\_\_\_

AREA OF FOCUS (Major, Minor):	LEVEL/TYPE OF DEGREE:
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PLEASE LIST ANY SKILLS LEARNED BENEFICIAL TO THIS POSITION:

SCHOOL NAME:	CITY, STATE
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YEARS COMPLETED:    1    2    3    4	DATES ATTENDED (Month Year – Month Year/PRESENT):
--------------------------------------	---

WAS A DIPLOMA AWARDED?     Yes     No    DATE: \_\_\_\_\_

AREA OF FOCUS (Major, Minor):	LEVEL/TYPE OF DEGREE:
-------------------------------	-----------------------

PLEASE LIST ANY SKILLS LEARNED BENEFICIAL TO THIS POSITION:

SCHOOL NAME:	CITY, STATE
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YEARS COMPLETED:    1    2    3    4	DATES ATTENDED (Month Year – Month Year/PRESENT):
--------------------------------------	---

WAS A DIPLOMA AWARDED?     Yes     No    DATE: \_\_\_\_\_

AREA OF FOCUS (Major, Minor):	LEVEL/TYPE OF DEGREE:
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PLEASE LIST ANY SKILLS LEARNED BENEFICIAL TO THIS POSITION:

PLEASE DESCRIBE ANY JOB-RELATED TRAINING YOU RECEIVED IN THE UNITED STATES MILITARY.

PLEASE DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRACURRICULAR ACTIVITIES THAT MAY BE JOB-RELATED.

PLEASE DESCRIBE ANY HONORS YOU HAVE RECEIVED.

PLEASE STATE ANY ADDITIONAL INFORMATION OR SKILLS YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

IF THERE WAS A GAP IN YOUR EMPLOYMENT HISTORY, PLEASE EXPLAIN.

**REFERENCES**

REFERENCE 1 NAME:	PHONE/OTHER FORM OF CONTACT:
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MAILING ADDRESS: <i>Street/PO Box:</i> _____ <i>City:</i> _____ <i>State:</i> _____ <i>Zip:</i> _____
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RELATION:	EMPLOYER, POSITION:
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REFERENCE 2 NAME:	PHONE/OTHER FORM OF CONTACT:
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MAILING ADDRESS: <i>Street/PO Box:</i> _____ <i>City:</i> _____ <i>State:</i> _____ <i>Zip:</i> _____
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RELATION:	EMPLOYER, POSITION:
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REFERENCE 3 NAME:	PHONE/OTHER FORM OF CONTACT:
-------------------	------------------------------

MAILING ADDRESS: <i>Street/PO Box:</i> _____ <i>City:</i> _____ <i>State:</i> _____ <i>Zip:</i> _____
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RELATION:	EMPLOYER, POSITION:
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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(s) 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 damages 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