

# APPLICATION FOR EMPLOYMENT

The City of Mound City is an Equal Opportunity Employer.

City Hall

205 E. 6<sup>th</sup> Street

P.O. Box 215

Mound City, MO 64470

Phone: 660-442-3447; Fax: 660-442-0167

Email: [abrandon@moundcitymo.com](mailto:abrandon@moundcitymo.com)

*We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.*

Initial screening will be based on this application. Please be sure to answer all items completely and accurately. Let us know if you do not understand an item or need help in completing this application. **If you have a resume, please fill out this form and attach the resume to it.**

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

## **PERSONAL INFORMATION**

\_\_\_\_\_  
Name: Last First Middle

\_\_\_\_\_  
Street Address City State Zip

How long have you lived at this residence? \_\_\_\_\_

\_\_\_\_\_  
Previous Residence Address City State Zip

How long did you live at this residence? \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Alternate Contact Phone Number: \_\_\_\_\_

Email Address, if applicable: \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number/State of Issue/Expiration

Are you 18 years or older? \_\_\_ Yes \_\_\_ No

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**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination. Employer participates in the E-Verify program.**

Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

\_\_\_\_\_

Are you authorized to work in the U.S. \_\_\_ Yes \_\_\_ No

How were you referred to us? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

Are you or have you been in the military? \_\_\_\_\_ If yes, Branch \_\_\_\_\_

Can you perform the tasks of this position with or without reasonable accommodation? \_\_\_ Yes \_\_\_ No

Have you ever worked for the City of Mound City before? \_\_\_ Yes \_\_\_ No

If "YES" complete the following section:

When: \_\_\_\_\_ In What Capacity: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Do you have any relatives or know anyone currently employed by the City? \_\_\_ Yes \_\_\_ No

If "YES", state the name(s), relationship(s) and department(s) in which employed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

Please list in chronological order from oldest to most recent attended (Elementary School first and so on).

Type of Schooling (Elementary, Middle, High, College, etc.)	Name of Institution	City, State	Major/Course of Study	Hours/Credits/Degrees Earned

List any Special Training, Licenses, Training Schools, And Armed Forces Training. If license, please list expiration date.

\_\_\_\_\_  
 \_\_\_\_\_

Please list knowledge of computers and software. Note: if worked with more than one version, please list how many years with each.

Software/Operating System	Have experience	Version Number(s)	Years of Experience
Windows 7 and above			
Microsoft Word			
Microsoft Excel			
Microsoft Access			
Microsoft Outlook			

OTHER (Please list):	
Typing Speed: _____ words per minute	

**Employment Record** (Please include all employment for the last five years)

If you need additional space, please continue on a separate sheet of paper. Please list most recent employers first.

Please list other names you have been employed under. \_\_\_\_\_

Most Recent/Present Employer:	
Address:	City/State/Zip:
Phone #:	Supervisor:
Position Held:	Wage/Salary:
Employment Date From:	to:
Primary Duties:	
Reason for Leaving:	

Previous Employer:	
Address:	City/State/Zip:
Phone #:	Supervisor:
Position Held:	Wage/Salary:
Employment Date From:	to:
Primary Duties:	
Reason for Leaving:	

Previous Employer:	
Address:	City/State/Zip:
Phone #:	Supervisor:
Position Held:	Wage/Salary:
Employment Date From:	to:
Primary Duties:	
Reason for Leaving:	

**NOTE:** Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

_____	_____
(Employer's Name)	Reason
_____	_____
(Employer's Name)	Reason

1. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or volunteer position you have held? \_\_\_ Yes \_\_\_ No

If YES, please give details, including dates, employer's name and specifics:

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2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? \_\_\_\_ Yes \_\_\_\_ No

If YES, please give details, including dates, employer's name and specifics:

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**REFERENCES** (Please do not include relatives or former employers)

1. Personal References: Please list the names of persons not related to you by blood or marriage:

1. Complete Name:	Occupation:
Address:	
Phone #:	
Years Known:	
2. Complete Name:	Occupation:
Address:	
Phone #:	
Years Known:	
3. Complete Name:	Occupation:
Address:	
Phone #:	
Years Known:	

2. Professional References: Please list professional references who have known you for at least three (3) years and are not related to you by blood or marriage:

1. Complete Name:	Occupation:
Address:	
Phone #:	
Years Known:	
2. Complete Name:	Occupation:
Address:	
Phone #:	
Years Known:	
3. Complete Name:	Occupation:
Address:	
Phone #:	
Years Known:	

**WORK AVAILABILITY**

CHECK THE TYPE OF WORK YOU WOULD PREFER: \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Seasonal

1. If your application receives favorable consideration, when will you be available to begin work? \_\_\_\_\_
2. Do you have any objection to working overtime? ( ) Yes ( ) No
3. Can you work overtime without prior notice? ( ) Yes ( ) No
4. Can you work on Saturday? ( ) Yes ( ) No
5. Can you work on Sunday? ( ) Yes ( ) No
6. Can you travel if required by this position? ( ) Yes ( ) No

**SALARY / HOURLY RATE REQUIREMENTS**

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ \_\_\_\_\_ per \_\_\_\_\_

**EMERGENCY CONTACTS**

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

**APPLICANT’S STATEMENT**

PLEASE READ CAREFULLY AND SIGN IN INK. APPLICATIONS WITHOUT SIGNATURES WILL NOT BE ACCEPTED.

I certify that the facts set forth above in my application for employment are true and complete to the best of my knowledge.

I understand that if employed, false statements or misleading information on this application shall be considered sufficient cause for dismissal. I further understand that an incomplete application or absence of my signature on this application is just cause for rejection of this application.

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 authorize background checks for criminal history and my driving record. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background. I hereby release from liability the City of Mound City and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I also understand that for some positions, an offer of employment with the City is contingent upon the results of a physical examination and drug test.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_