

Application for Employment

Personal Information

Full Name: _____ Date of Birth: _____
Address: _____
Email: _____ Phone: _____
Social Security Number: _____

Are you prevented from being lawfully employed in the United States? Yes _____ No _____

Are you 18 years or older? Yes _____ No _____

For reference purposes have you worked or attended school under a former name? Yes _____ No _____

If yes, please list former name: _____

Have you ever applied here before? If yes, When? Yes _____ No _____

Have you ever been employed here before? If yes, When? Yes _____ No _____

Are any relatives currently employed here? If yes, give full name: Yes _____ No _____

Are you able to perform the essential functions of the job you are applying for? Yes _____ No _____

If no, what accommodations would assist you? _____

Have you ever been convicted of a felony? Yes _____ No _____

How did you hear about the company? _____

Position Information

Position Applied For: _____

Division: _____ Desired Salary: _____

Career Objectives: _____

Educational Background

Degree	Institution	Year of Completion
_____	_____	_____
_____	_____	_____

Professional License or Certification _____

Military or Other _____

Professional background

Company Name	Job Title	Responsibilities	Work Duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List employment history for the last 10 years, starting with the most recent employment

Employer _____ Phone: _____
Address: _____ Start Date: _____
Supervisor Name: _____ End Date: _____
Phone: _____ Starting Salary: _____ Ending Salary: _____
May we contact this employer? Yes _____ No _____ Title or Position? _____
Duties and Responsibilities: _____
Reason for Leaving: _____

Employer _____ Phone: _____
Address: _____ Start Date: _____
Supervisor Name: _____ End Date: _____
Phone: _____ Starting Salary: _____ Ending Salary: _____
May we contact this employer? Yes _____ No _____ Title or Position? _____
Duties and Responsibilities: _____
Reason for Leaving: _____

Employer _____ Phone: _____
Address: _____ Start Date: _____
Supervisor Name: _____ End Date: _____
Phone: _____ Starting Salary: _____ Ending Salary: _____
May we contact this employer? Yes _____ No _____ Title or Position? _____
Duties and Responsibilities: _____
Reason for Leaving: _____

Employer _____ Phone: _____
Address: _____ Start Date: _____
Supervisor Name: _____ End Date: _____
Phone: _____ Starting Salary: _____ Ending Salary: _____
May we contact this employer? Yes _____ No _____ Title or Position? _____
Duties and Responsibilities: _____
Reason for Leaving: _____

Please list references, do not include family members or people who live with you.

Name	Address	Phone Number	Occupation:

Important, please read and sign.

I certify the information contained in this application is true and complete to the best of my knowledge. Any misrepresentation or omissions of any fact in my application can be justification for refusal of employment or if employed grounds for termination.

I authorize the company to investigate all statements contained in this application and release all parties from any liability for any damage that may result from furnishing same to you.

I understand that my employment may be terminated with or without cause or notice, at any time, at the option of either the company or myself.

Signature: _____

Date: _____

City of Pineville, Missouri
CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____ Home/Cell _____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize the **City of Pineville, Missouri** and its designated agent's and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. The **City of Pineville, Missouri** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____