



Human Resources
201 S. Franklin St.
Kirksville, MO 63501
Phone: 660.627.1458
Fax: 660.665.0940
www.kirksvillemo.gov

Application for Full-time and Part-time Employment

Position applying for: _____ Date: _____

Are you seeking Full-time / Part-time employment? When would you be available to start? _____

PERSONAL INFORMATION

No action can be taken on this application until all questions have been answered completely. Use blank paper if you do not have enough room on this application form. A resume may be attached, however any information requested on the application form must be included in the resume or on the application form. In reading and answering the questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information. **Please print clearly.**

Name (First, MI, Last): _____

Email Address: _____ Telephone No. _____

Address: _____ City _____ State _____ ZIP _____

Are you 18 years of age or older? Yes No

Please list any friends working for the City? _____

List any relatives working for the City and your relationship _____

DRIVER'S LICENSE *(Complete for driving jobs only (e.g., Public Works, Police, and Fire positions.)*

Do you have a valid driver's license? Yes No Driver's License No.: _____ State _____

Class: _____ Endorsements: Tank Hazardous Mat Passenger/Bus Double/Triple Trailer

MILITARY SERVICE

Branch of Service: _____ Dates of Service: _____

Rank: _____ Specialty: _____

List experience and special education received in the military: _____

EMPLOYMENT EXPERIENCE (This section must be completed in its entirety even if you are submitting a resume.)

I Employer _____ Telephone # _____
Employer Address _____ City _____ State _____
Supervisor Name and Title _____
Position Held _____ Duties _____
Employed From: month ____ day ____ year ____ to: month ____ day ____ year ____
What did you like about this job? _____
What did you dislike about this job? _____
What is (was) your reason for leaving? _____

II Employer _____ Telephone # _____
Employer Address _____ City _____ State _____
Supervisor Name and Title _____
Position Held _____ Duties _____
Employed From: month ____ day ____ year ____ to: month ____ day ____ year ____
What did you like about this job? _____
What did you dislike about this job? _____
What is (was) your reason for leaving? _____

III Employer _____ Telephone # _____
Employer Address _____ City _____ State _____
Supervisor Name and Title _____
Position Held _____ Duties _____
Employed From: month ____ day ____ year ____ to: month ____ day ____ year ____
What did you like about this job? _____
What did you dislike about this job? _____
What is (was) your reason for leaving? _____

IV Employer _____ Telephone # _____
Employer Address _____ City _____ State _____
Supervisor Name and Title _____ Phone # _____
Position Held _____ Duties _____
Employed From: month ____ day ____ year ____ to: month ____ day ____ year ____
What did you like about this job? _____
What did you dislike about this job? _____
What is (was) your reason for leaving? _____

EDUCATION AND TRAINING *(Attach a copy of your high school or college transcript or diploma)*

High School Attended: _____ High School Diploma: Yes No
City: _____ State _____ ZIP _____
GED: _____ GED Certificate: Yes No

College or University Attended: _____ College Diploma: Yes No
City: _____ State _____ ZIP _____
Degree or Major: _____

Vocational or Technical School: _____ Certificate: Yes No
City: _____ State _____ ZIP _____
General Course of Study: _____

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

List your current certifications related to the job for which you are applying:

Certification _____	Expiration Date _____
Certification _____	Expiration Date _____
Certification _____	Expiration Date _____
Certification _____	Expiration Date _____

REFERENCES *(Professional References - for example: teacher, coach, former supervisor/coworker, volunteer leader, minister)*

Name: _____ Relationship _____ Phone # _____
Name: _____ Relationship _____ Phone # _____
Name: _____ Relationship _____ Phone # _____

COMMUNITY SERVICE: *(Exclude organizations and memberships, with protected status.)*

CERTIFICATE OF APPLICANT *(Please read each statement carefully before signing.)*

I certify that all information provided in this application for employment is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered later.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and education history, credit reports, driving record, and criminal history. I authorize any person, school, current and former employer, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and organizations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have a right to make written request within a reasonable period for complete disclosures or the nature and scope of any investigation.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment of any definite period, if employed. If employed, I understand that employment is at the will of the employer and may be terminated at any time, with or without cause and with or without notice.

I have read, understand, and by signing this certificate, I agree to the terms and conditions of the application and the employment offer, if any, and I understand that I am signing this certificate of my own free will and without any coercion, duress, or undue influence.

Printed Name: _____

Signature: _____ Date: _____

PLEASE READ

It is the policy of the City of Kirksville, to provide employment opportunities for employment, training, compensation, transfer, promotion, and other aspects of employment for all qualified applicants and employees without regard to sex, race, color, religion, national origin, age, sexual orientation, disability, or veteran status. In compliance with federal law, we only hire U.S. citizens and individuals legally permitted to work in the United States. Applicants who are offered employment will be required to furnish proof of their employment eligibility. The City uses E-Verify to verify I'9 documents. An employer-paid post-offer drug screen and medical examination will be required for appointments. In such cases, the selected candidate will be informed that the offer of employment is contingent upon the results of a medical examination.

<i>For Employer Use Only</i>	
<i>Date of Interview:</i> _____	<i>Interview Location:</i> _____
<i>Persons present other than applicant:</i> _____	
<i>Written Test Administered:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Date Administered:</i> _____ <i>Score:</i> _____
<i>Physical Agility Test Administered:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Date Administered:</i> _____ <input type="checkbox"/> Passed
<input type="checkbox"/> Failed	
<i>Driving Record Checked:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Points Assessed:</i> _____ <input type="checkbox"/> References checked?
<i>Comments:</i> _____	
<i>Interviewer Signature</i> _____	<i>Date</i> _____