

City of Cole Camp

Application of Employment

AN EQUAL OPPORTUNITY EMPLOYER

401 W Main
Cole Camp, MO 65325

660-668-4444
www.colecampmo.com

General	Name: Last First Middle			Date of Application
	Present Address: Number and Street			Home Telephone Number:
	City, State, and Zip Code			Work Telephone Number:
	Have you ever been employed under other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list the name(s).			Email:
	Have you ever been convicted of a misdemeanor or felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list date of conviction and offense.			Social Security Number: ____-____-____
	List people related to you in anyway who are employed by the City of Cole Camp and give relationship.			Are you legally eligible for employment in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Type of work preferred or position applied for:			Proof of citizenship or Immigration Status will be required upon employment
				Are you at least age 18? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date Available for work	Salary Requirement	Do you restrict your availability to specific hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Do you restrict your availability to specific days of week? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, specify hours and days: _____			
	List any and all skills or qualifications which you feel would qualify you for the position(s) applied for:			
Drivers License No.	State	Class	Endorsements	
			License Expiration Date	
Have you ever been employed by the city of Cole Camp? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please list the position and dates:				

Education	Type of School	Name of School	Major Subject	Circle Highest Year Completed				Degree	Years Attended
	Elementary			5	6	7	8		
	High School			9	10	11	12		
	College			1	2	3	4		
	College			1	2	3	4		
	Post Grad			1	2	3	4		
	If no degree, list total credit hours recognized by college you attended _____ _____								

Military	Did you serve with the Armed Forces of the United States? _____ If Yes, what branch _____	
	Date of enlistment _____ <small>Month Day Year</small>	Date of Discharge _____ <small>Month Day Year</small>
	Rank attained _____	Type of discharge _____
	Current Reserve obligation _____	
	Did you receive any special training while in the Armed Forces? _____	
	If Yes, describe _____	

Previous	List names of three persons (not relatives or former employers) who have known you for the past 5 years.						
	Name	Address	City	State	Zip	Tel. no.	Occupation
	Name	Address	City	State	Zip	Tel. no.	Occupation
	Name	Address	City	State	Zip	Tel. no.	Occupation

Employment History

Present or Last	Employers Name		Employer Address, City, State, Zip			Position Title	
	Supervisor's Name		Supervisor's Title	Supervisor's Phone Number		Start Salary	Final Salary
	Start Date	Leaving Date	Reason for Leaving				
	Duties and Responsibilities						
Previous	Employers Name		Employer Address, City, State, Zip			Position Title	
	Supervisor's Name		Supervisor's Title	Supervisor's Phone Number		Start Salary	Final Salary
	Start Date	Leaving Date	Reason for Leaving				
	Duties and Responsibilities						
Previous	Employers Name		Employer Address, City, State, Zip			Position Title	
	Supervisor's Name		Supervisor's Title	Supervisor's Phone Number		Start Salary	Final Salary
	Start Date	Leaving Date	Reason for Leaving				
	Duties and Responsibilities						
Previous	Employers Name		Employer Address, City, State, Zip			Position Title	
	Supervisor's Name		Supervisor's Title	Supervisor's Phone Number		Start Salary	Final Salary
	Start Date	Leaving Date	Reason for Leaving				
	Duties and Responsibilities						

Previous	Employers Name		Employer Address, City, State, Zip		Position Title	
	Supervisor's Name	Supervisor's Title	Supervisor's Phone Number		Start Salary	Final Salary
	Start Date	Leaving Date	Reason for Leaving			
	Duties and Responsibilities					
Use this space for comments or information not covered elsewhere						

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING THIS APPLICATION

I certify that the information in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for disqualification from the selection process or dismissal from City employment.

I authorize the persons, employers and agents of employers listed on this application and all attachments to give you any and all information concerning any previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I authorize investigation of all statements contained in this application and authorize the investigation of all matters contained in this application and hereby give the City of Cole Camp permission to contact any party that may have information about my work record, educational history, military record, financial record, general reputation and past or present medical record and condition.

In consideration of my employment, I agree to conform to the personnel policies and rules and regulations of the City of Cole Camp, and my employment and compensation can be terminated, with or without cause, and with or without notice, at the option of either the City or myself. I understand that no City employee has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I understand that pre-employment drug testing as well as drug testing and physical examinations after employment may be required as a condition of employment depending on the nature of the job for which I submitted this application.

I understand that continued employment may be based on the successful passing of job related physical and psychological examinations depending on the nature of the job for which I submitted the application.

I understand this application may be used to apply for any job with the City of Cole Camp. To be considered for another position at a later date, I understand I must notify Human Resources in writing stating my name, when I submitted this application, a telephone number where I can be reached during the day, and the position in which I am interested.

I hereby waive all rights to access or review of any information granted to me by the Privacy of Information Act. This waiver of access includes all information the City obtains throughout the application and selection process.

_____ Date

_____ Signature of Applicant