City of Pattonsburg

**Application for Employment**

Please fill out form completely for employment consideration. Mail or fax when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

**Personal Information**

|  |
| --- |
| Last Name First Middle Date |
| Street Address Home Phone |
| City, State, Zip Social Security No. |
| Business Phone Email Address: |
| What was your previous address? How long at present address? |
| Are you over the age of 18 years of age?  If not, employment is subject to verification of minimum legal age. |
| Have you ever applied for employment with us?  If Yes: Month and Year |
| How did you learn of our organization? |
| Are you legally eligible for employment in the United States? When will you be able to work? |
| Are you employed now? If so, may we inquire of your present employer? |
| Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No  [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]  [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]  If Yes, Describe in full |
| Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?  Yes No  [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]  [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]  If Yes, Please Explain. |
| Drivers License# State Any Violations? |

**Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School | Name and location of school | Course of study | No. of years completed | Did you graduate? | Degree or Diploma |
| College |  |  |  |  |  |
| High |  |  |  |  |  |
| Trade School |  |  |  |  |  |
| Other |  |  |  |  |  |

**Military**

|  |  |
| --- | --- |
| Complete this section if you served in the U.S. Armed Forces | Branch of Service |
| Describe your duties and any special training | Period of Active Duty (Month & Year)  From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rank at Discharge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Final Discharge |

**Employment History** Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

|  |  |  |
| --- | --- | --- |
| 1. | Company Name | Telephone |
|  | Address | Employed (Start Month and Year)  From To |
|  | Name of Supervisor | Hourly Rate  Start Last |
|  | Start Job Title and Describe Your Work | Reason for Leaving |

|  |  |  |
| --- | --- | --- |
| 2. | Company Name | Telephone |
|  | Address | Employed (Start Month and Year)  From To |
|  | Name of Supervisor | Hourly Rate  Start Last |
|  | Start Job Title and Describe Your Work | Reason for Leaving |

|  |  |  |
| --- | --- | --- |
| 3. | Company Name | Telephone |
|  | Address | Employed (Start Month and Year)  From To |
|  | Name of Supervisor | Hourly Rate  Start Last |
|  | Start Job Title and Describe Your Work | Reason for Leaving |

|  |  |  |
| --- | --- | --- |
| 4. | Company Name | Telephone |
|  | Address | Employed (Start Month and Year)  From To |
|  | Name of Supervisor | Hourly Rate  Start Last |
|  | Start Job Title and Describe Your Work | Reason for Leaving |

|  |  |
| --- | --- |
| We may contact the employers listed above  unless you indicate those, you do not want us to contact. | DO NOT CONTACT  Employer Number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason |

|  |  |  |  |
| --- | --- | --- | --- |
| **References:** Give below the names of three persons not related to you, whom you have know at least on year. | | | |
| Name | Address | Business | Years Acquainted |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

I a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

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Date Signature

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| --- |
| Please complete and mail or fax a copy of this form to:  City of Pattonsburg  P.O. Box 226  Pattonsburg, MO 64670  Phone (660) 367-4412  Fax (660) 367-2165  Email: cityofpattonsburgkaren@yahoo.com |