



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Full Name:		Social Security #:	
Address:			
Telephone #:		Cell #:	
Driver's License No:		State:	Email:

EMPLOYMENT DESIRED

Position:		Date Available:		Salary Desired:	
Current Employer:			May we contact them?		
Have you ever applied with us before?			If yes, when?		

EDUCATION

Type / Level	Name / Location of School	# Years	Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade/Business				

FORMER EMPLOYERS

(List below your last four employers, beginning with the most current)

Month / Year	Name / Address of Employer	Position	Salary	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

US Military or Naval Service	Rank	Present Member of Natl Guard / Reserves?



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REFERENCES

(List the name of three persons not related to you whom you have known for at least one year)

Name	Address	Phone	Years Acquainted

APPLICANT STATEMENT

As an applicant for employment with the City of Knob Noster, Missouri, I certify that all the information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 180 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

****** DO NOT SIGN BELOW UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. ******

SIGNATURE OF APPLICANT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date



AUTHORIZATION TO RELEASE INFORMATION

TO: _____

I hereby request and authorize you to furnish the City of Knob Noster, Missouri, with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential nature or privileged nature, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility of employment by the City of Knob Noster, Missouri.

I hereby release you and your organization from any liability which may, or could, result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve the City of Knob Noster.

NOTE This form may be retained in your files.

Signature of Applicant

Date

Subscribed and sworn to (Affirmed) before me this _____ day of _____, _____

Notary Public

Commission Expiration