

Date Received: _____
Time: _____
Taken By: _____



Application for Employment

An Equal Opportunity Employer

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, or marital status, or the presence of a medical condition or disability.

Date: _____

PERSONAL INFORMATION:

Name: _____
Last First Middle

Present Address: _____

Permanent Address: _____

Telephone: _____ Driver's License Number: _____

Can you, after employment, submit verification of your legal right to work in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No (A conviction record will not necessarily be a bar to employment; the circumstances will be considered.) If yes, please explain: _____

Have you ever been in the Armed Services? Yes No If yes, which Branch? _____

EMPLOYMENT DESIRED:

Position: _____ Possible Start Date: _____

Full time only _____ Part time only _____ Full time or part time _____ Temporary/Seasonal _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Ever applied to the City of Independence before? Yes No If so, which department? _____ When? _____

Will you work overtime if needed? Yes No

EDUCATION:

School Level	Name & Location	No. of Years	Did you Graduate?	Course of Study
Grammar School				
High School				
College				
Other				

List other special training that may pertain to this position: _____

If the job requires completion of specific course of training, indicate that which you have completed: _____

If the job requires the operation of specific machinery or specific skills, list those at which you are competent: _____

Have you used various types of office equipment? If so, please list: _____

FORMER EMPLOYERS: (please list the most recent first)

Company Name	Telephone Number
Address	Dates of employment
Name of Supervisor	Weekly pay Starting \$ Last \$
Job Title & Description of Work	Reason for leaving

Company Name	Telephone Number
Address	Dates of employment
Name of Supervisor	Weekly pay Starting \$ Last \$
Job Title & Description of Work	Reason for leaving

Company Name	Telephone Number
Address	Dates of employment
Name of Supervisor	Weekly pay Starting \$ Last \$
Job Title & Description of Work	Reason for leaving

Company Name	Telephone Number
Address	Dates of employment
Name of Supervisor	Weekly pay Starting \$ Last \$
Job Title & Description of Work	Reason for leaving

May we contact your employer? { } Yes { } No

If no, Please explain: _____

REFERENCES:

Name	Address	Business	Phone Number	Years Acquainted

Statement of Understanding Read Carefully

I understand:

that completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I also understand that if I provide false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the City discovers the violation of its policy regarding dishonesty.

that I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the City at the post-offer stage.

that the use of illegal drugs is prohibited during employment and that I may be required to undergo and successfully pass a screening for alcohol and/or drugs that is included in a post offer pre-employment physical examination. I also understand that, if extended an offer of employment, I may be required to submit to an alcohol or drug screening according to state law.

that if I sustain any injury or illness while in the employment of this organization, I agree that this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and hospitals to give this organization full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

that this application will be considered only for the position I am applying for; if I wish to be considered for other positions, I must submit a new application for each position.

