

**CITY OF CHILLICOTHE, CITY CLERK'S OFFICE
715 WASHINGTON, CHILLICOTHE, MISSOURI 64601
660-646-1877 • FAX 660-646-6811**

TODAY'S DATE: _____

NAME: _____

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ **WORK PHONE:** _____

CURRENT ADDRESS: _____

PRIOR ADDRESS: _____

EQUAL OPPORTUNITY EMPLOYER

The City endorses the basic principle that all individuals are entitled to equal employment opportunities. Accordingly, it is the policy of the City to hire and to promote equal employment opportunity for all persons on the basis of merit, regardless of that person's race, color, creed, ancestry, religion, age, handicap, sex, national origin, citizenship, propensity to smoke cigarettes, disabled veteran, or Vietnam veteran status, as provided by federal, state, and local law

APPLICANT NOTE

This application is intended for use in evaluating your qualifications for employment. This application is not intended to serve as an employment contract between you and the City of Chillicothe. Please answer all appropriate questions completely and accurately. False or misleading statements on this application or made during any subsequent interview will result in termination of the application process. The City's discovery of any such statements after your employment by the City will result in the termination of your employment. The City may require testing of your abilities for skills that are related to the position for which you are applying. Further, the City may require you to submit a drug test prior to offering you a position. If an employment offer is made to you, the City may require you to complete a medical history form and be examined by a medical professional designated by the City. You may be disqualified from employment based upon the results of that examination.

AVAILABILITY

For which position are you applying? _____

What date can you start? _____

What category would you prefer?

_____ Full-time _____ Part-time _____ Temporary _____ Labor pool

For which schedules are you available: _____ Weekdays _____ Evenings _____ Nights _____

Overtime _____ Shift _____ Other _____

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 +

	NAME	CITY/STATE	DATES	GRADUATE ?
HIGH SCHOOL				
COLLEGE				
OTHER				

SECURITY

List states and counties of residence for the past seven years. _____

___ Yes ___ No Have you used any names or Social Security Numbers other than those on this page? If so, please list on back.

___ Yes ___ No Have you been convicted of a misdemeanor or a felony and/or served time in the past seven years? If so, please describe below.

A yes response and completion of the above sections in regards to criminal activity will not disqualify you from consideration for employment with the City. A record of a conviction does not mean that you cannot be hired. The nature and circumstances of any conviction, how long ago it occurred, and other factors, including the relationship of the conviction to the position for which you are applying, are all important in the hiring process. Thus, please provide a complete response to those questions so that an appropriate decision may be made.

INCIDENT	CITY/STATE	CHARGE

EMPLOYMENT REFERENCES

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the Correct telephone numbers of past employers are critical.

MOST RECENT EMPLOYER

___ Yes ___ No Are you currently working for this employer?

___ Yes ___ No If yes, may we contact?

 Company Name City State Phone Number

_____ Dates Employed _____ Job Title _____ Supervisor Name

_____ Duties

Per

_____ Salary _____ Reason for Leaving

SECOND MOST RECENT EMPLOYER

___ Yes ___ No Are you currently working for this employer?

___ Yes ___ No If yes, may we contact?

_____ Company Name _____ City _____ State _____ Phone Number

_____ Dates Employed _____ Job Title _____ Supervisor Name

_____ Duties

Per

_____ Salary _____ Reason for Leaving

THIRD MOST RECENT EMPLOYER

___ Yes ___ No Are you currently working for this employer?

___ Yes ___ No If yes, may we contact?

_____ Company Name _____ City _____ State _____ Phone Number

_____ Dates Employed _____ Job Title _____ Supervisor Name

_____ Duties

Per

_____ Salary _____ Reason for Leaving

MILITARY Complete this section if you served in the U.S. Armed Forces.

Branch of Service _____

Period of Active Duty (Month & Year) _____

Rank at Discharge _____

Date of Final Discharge _____

Attach Copy of DD 214

Describe Your Duties and Any Special Training _____

VISA OR IMMIGRATION STATUS

Are you prevented from lawfully becoming employed in this country because of your visa or immigration status? Yes No

If yes, please explain.

REFERENCES Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

PROFESSIONAL OR CIVIC ORGANIZATIONS, ACTIVITIES AND HOBBIES

COMMENTS

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the forgoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the City and/or its agents, including consumer reporting bureaus, to verify any of this information including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If City policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that employment with the City is based upon an at-will relationship. I understand that the City may terminate my employment at any time and for any reason. In consideration for my employment with the City, I agree to conform to the City's rules and regulations. Further, I understand that no supervisor, officer, agent, or other representative of the City, other than its mayor, has any authority to enter into any agreement for employment for any period of time, or to make any agreement for employment for any period of time, or to make any agreement contrary to my foregoing understanding.

I understand that this application shall be valid for a period of thirty days. If I wish to be considered after thirty days, I recognize that I must complete a new application for employment.

Signature _____

Date _____