



APPLICATION FOR EMPLOYMENT

Position(s) Applying For

Date

APPLICANT INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

STREET ADDRESS: _____ APT./UNIT#: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES NO (PROOF WILL BE REQUIRED UPON EMPLOYMENT)

HAVE YOU EVER FILED AN EMPLOYMENT APPLICATION WITH THE CITY OF CLINTON: YES NO IF YES, DATE: _____

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF CLINTON: YES NO IF YES, DATE: _____

DO ANY OF YOUR RELATIVES OR FRIENDS WORK HERE? YES NO IF YES, WHO? _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME TEMPORARY DESIRED PAY RANGE: _____ HOUR ANNUAL

ARE YOU CURRENTLY EMPLOYED: YES NO MAY WE CONTACT YOUR PRESENT EMPLOYER: YES NO

EDUCATION & TRAINING

HIGH SCHOOL: _____ DIPLOMA GED DID NOT COMPLETE EITHER

ADDRESS: _____

COLLEGE: _____

ADDRESS: _____

DID YOU GRADUATE? YES NO IF YES, DEGREE: _____ YEARS COMPLETED: _____

OTHER: _____

ADDRESS: _____

DID YOU GRADUATE? YES NO IF YES, DEGREE: _____ YEARS COMPLETED: _____

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP AND EXTRA-CURRICULAR ACTIVITIES: _____

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY: _____

The City of Clinton is an Equal Opportunity Employer, fully committed to avoiding any unfair treatment or discrimination in employment practices related to race, color, religion, disability, national origin, ancestry, sex, age, political affiliation or anything that might be construed as being discriminatory in the employment process. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the City of Clinton.

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS.

EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER(S) _____

JOB TITLE: _____

SUPERVISOR: _____

REASON FOR LEAVING: _____

DATES EMPLOYED		HR RATE/SALARY	
FROM	TO	STARTING	FINAL
WORK PERFORMED			

EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER(S) _____

JOB TITLE: _____

SUPERVISOR: _____

REASON FOR LEAVING: _____

DATES EMPLOYED		HR RATE/SALARY	
FROM	TO	STARTING	FINAL
WORK PERFORMED			

EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER(S) _____

JOB TITLE: _____

SUPERVISOR: _____

REASON FOR LEAVING: _____

DATES EMPLOYED		HR RATE/SALARY	
FROM	TO	STARTING	FINAL
WORK PERFORMED			

EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER(S) _____

JOB TITLE: _____

SUPERVISOR: _____

REASON FOR LEAVING: _____

DATES EMPLOYED		HR RATE/SALARY	
FROM	TO	STARTING	FINAL
WORK PERFORMED			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD (YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS):

REFERENCES

PLEASE LIST THREE (3) REFERENCES.

NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

APPLICANT'S STATEMENT

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I ACKNOWLEDGE THAT INTENTIONAL MISREPRESENTATIONS OR OMISSIONS MAY BE CAUSE FOR THE REJECTION OF MY APPLICATION AND THAT IF HIRED I MAY BE RELEASED FROM EMPLOYMENT.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT, AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

I UNDERSTAND THAT THE CITY OF CLINTON WILL REQUIRE FULL TIME EMPLOYEE APPLICANTS TO SUCCESSFULLY COMPLETE A DRUG SCREEN TEST AND A PHYSICAL CAPACITY TEST PRIOR TO OFFER OF EMPLOYMENT. CONTINUED EMPLOYMENT MAY BE BASED ON THE SUCCESSFUL COMPLETION OF FUTURE RANDOM DRUG SCREEN TESTS.

I UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, EMPLOYMENT WITH THE CITY OF CLINTON IS "AT WILL" AND NOTHING IN THE INTERVIEW OR HIRING PROCESS, THIS APPLICATION, OR CITY OF CLINTON POLICIES ARE INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN MYSELF AND THE CITY OF CLINTON. EMPLOYMENT MAY BE TERMINATED BY EITHER PARTY AT ANY TIME FOR ANY REASON WITH OR WITHOUT NOTICE.

I UNDERSTAND THAT THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED SIX (6) MONTHS.

SIGNATURE OF APPLICANT

DATE

PLEASE RETURN APPLICATION TO:

CITY OF CLINTON • ATTN: PERSONNEL CLERK • 105 E. OHIO STREET • CLINTON, MO 64735

EMAIL TO: LVELAZQUEZ@CITYOFCLINTONMO.COM • FAX TO: 660-885-2023



APPLICATION FOR EMPLOYMENT AUTHORIZATION

NAME

DATE OF BIRTH _____

WHEREAS, I AM HEREBY FILING AN APPLICATION FOR EMPLOYMENT WITH THE CITY OF CLINTON, MO, I HEREBY AUTHORIZE THE CITY OF CLINTON TO REVIEW AVAILABLE OFFICIAL RECORDS OF ANY TRAFFIC VIOLATIONS, ARRESTS BY LAW ENFORCEMENT AGENCIES AND/OR CRIMINAL CONVICTIONS.

SIGNATURE

DATE

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