

CITY OF OVERLAND



9119 Lackland Road, Overland Mo 63114

The City of Overland

9119 Lackland
Overland, Missouri 63114

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Please answer all items accurately and completely. All information will be treated confidentially. All qualified applicants will be given consideration without regard to race, color, religion, sex, national origin, age or handicap.

PERSONAL DATA

(PLEASE PRINT -DO NOT TYPE)

NAME _____ Social Security No. _____
LAST FIRST MIDDLE

Present Address _____
STREET CITY STATE ZIP

Home Phone () _____ Business Phone () _____

Position Desired _____ Full Time [] Part Time []

Date Available For Work _____ Salary Expected \$ _____

Have you Previously Applied to Or Been Employed By The City Of Overland? _____ If Yes Explain: _____

What Prompted You To Apply To The City Of Overland? _____

Give Names Of Friends Or Relatives Currently Employed By The City Of Overland:

Name	Department	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY (List most recent position first. Explain periods of unemployment in Additional information section on last page.)

Name of Company			Type of Business		
Address			Telephone No.		
Dates Employed: From _____ -to- _____	Starting Salary:	Present/Last Salary	Starting Position:	Present/Final Position:	
Supervisor & Title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving		
Describe Duties: _____					

Name of Company			Type of Business		
Address			Telephone No.		
Dates Employed: From _____ -to- _____	Starting Salary:	Present/Last Salary	Starting Position:	Present/Final Position:	
Supervisor & Title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving		
Describe Duties: _____					

Name of Company			Type of Business		
Address			Telephone No.		
Dates Employed: From _____ -to- _____	Starting Salary:	Present/Last Salary	Starting Position:	Present/Final Position:	
Supervisor & Title	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving		
Describe Duties: _____					

EDUCATION AND SKILLS (Transcripts May Be Requested)

Name and Location	Dates		Date Graduated	Degree	Major	Minor
	From	To				
High School:						
College(S):						
Graduate School or Other Education:						

OFFICE SKILLS

Typing Yes No Speed _____ w.p.m.

Word Processor Yes No _____ w.p.m.

Personal Computer Yes No Software Applications/Languages: _____

Military Service

Branch of Service	Date Entered	Date Discharged
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Additional Information

Summarize your overall experience and relate it to your career goals. Add any other pertinent information. Also use this section to expand on any statements made in other sections.

List any criminal convictions other than minor traffic violations, with dates:

References (Professional and business associates preferred)

Name	Address	Phone	Professional or Business
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Declaration

It is understood and agreed that

- (1) I will comply with all rules and regulations prescribed, written or oral, pertaining to requirements for employment.
- (2) I will submit to a physical examination, including drug and/or alcohol tests, when requested, to determine my physical fitness to meet requirements before acceptance for employment and, likewise, to additional such examinations, when requested, during my employment.
- (3) I will permit the making of portrait photographs and other records for purposes of identification.
- (4) I will agree that if I am employed a full transcript of my records as an employee, information as to my character, habits and ability, also the cause of my termination may be given to any person with whom I may hereafter seek employment. I hereby release the City of Overland from any and all liability or damages of whatsoever nature on account of furnishing such information.
- (5) All records pertaining to my employment are to remain the property of the City of Overland.
- (6) I warrant the foregoing to be truthful and complete statement of facts. Any false information or significant omission may lead to non-employment or discharge.
- (7) I full understand, that if requested, I will sign a non-compete employment agreement with the City of Overland.
- (8) I understand that my employment may be terminated at any time at the City of Overland's sole option for any reason.
- (9) If hired, I agree to furnish the City of Overland identity and employment eligibility documents required by lay and failure to do so will result in my discharge.

Date _____

Signature _____