

City of Steelville 895 Frisco Street P.O. Box M Steelville, MO 65565	<b>APPLICATION FOR EMPLOYMENT</b>  AN EQUAL OPPORTUNITY EMPLOYER	For Office Use Only
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**IMPORTANT INSTRUCTIONS:** This application must be received in the City Clerks Office by 4:30 p.m. CST on the deadline date to be considered. Please fill out the application completely. You may choose to attach a resume as a supplement. However, please do not enter "See Resume" when completing this document. A separate application must be submitted for each position for which you are applying. Thank you for your interest in the **City of Steelville's** employment opportunities.

Name	Home Phone ( )
(Last) (First) (Middle)	Cell Phone ( )
Address	Business Phone ( )
(Street) (Apt #)	Can we contact you at this #? Yes No
(City) (State) (Zip Code)	E-mail Address

**POSITION APPLYING FOR:**

\_\_\_\_\_ Full Time                      \_\_\_\_\_ Part Time                      \_\_\_\_\_ Seasonal/Temporary

Are you eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No When will you be available for employment?

Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed by the City of Steelville? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes; when, in what position, and what department?

List any relatives employed by the City of Steelville, or serving as elected or appointed officials of the City of Steelville

May prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member

Do you possess a valid Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you possess a valid Commercial Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No Type \_\_\_\_\_

Do you possess a Health Field License? \_\_\_\_\_ Yes \_\_\_\_\_ No Type \_\_\_\_\_

LIST MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS

IF CURRENTLY LICENSED OR REGISTERED TO PRACTICE IN AS A MEMBER OF SOME PROFESSION OR TRADE INDICATE TYPE OF LICENSE OR REGISTRATION AND NUMBER

Have you ever been convicted of an ordinance violation, misdemeanor, or felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes please explain:

Is there any ordinance, felony, or misdemeanor violation charges presently pending against you? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes please explain:

**NOTE** Any affirmative responses above do not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position. All positions require conviction or arrest information to evaluate circumstances of the offense.

**SPECIAL SKILLS**  
 Typing Speed \_\_\_\_\_ WPM  
 List all computer software which you can operate skillfully: \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**  
 Did you graduate from High School? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Name /Location of School \_\_\_\_\_  
 If "No", have you passed a High School Equivalency or GED Test? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 Location and Date of Test \_\_\_\_\_

**TRAINING BEYOND HIGH SCHOOL: College or University, Nursing, Business College, or other schools you have attended.**

College, University or School -----Name and Location	Dates Attended (Month/Year)		Presently Attending	Major Field	Type of Degree (if Rec'd)	GPA
	From	To				
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Describe any education or training you have had which is not covered above; such as vocational school, correspondence courses, service schools, in-service training. Please provide dates.

**WORK EXPERIENCE:** Give a complete record, from most current least current of any employment, self-employment, military service or volunteer experience you have had in the past 10 years. You may include positions beyond the 10 year period if they are related to the position for which you are applying. Start at the top with your present or most recent job. Indicate any change in job title under the same employer as a separate position Responses stating "See Resume" are not acceptable. All boxes must be completed regardless if you have attached a resume.

From (Month & Year)	Title of position held		PRIMARY DUTIES
To (Month & Year)	Employer's Name (Company Name)	Phone Number	
Hours Each Week:	Street Address		
	City, State, Zip		
Full Time _____ Part Time _____ Temporary _____	Name and Title of Supervisor		
Starting Salary:	Number of employees you supervised:		
Last Salary:			

If we contact your present employer, will your position be Endangered? _____ Yes _____ No	Were you involuntarily discharged? _____ Yes _____ NO	Reason for Leaving or Considering Change
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From (Month & Year)	Title of position held		PRIMARY DUTIES
To (Month & Year)	Employer's Name (Company Name)	Phone Number	
Hours Each Week:	Street Address		
Full Time _____ Part Time _____ Temporary _____	City, State, Zip		
Starting Salary:	Name and Title of Supervisor		
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Full Time _____ Part Time _____ Temporary _____	City, State, Zip		
Starting Salary:	Name and Title of Supervisor		
Last Salary:	Number of employees you supervised:		

If we contact your present employer, will your position be Endangered?  Yes                      No	Were you involuntarily discharged?  _____ Yes                      _____ NO	Reason for Leaving or Considering Change
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USE A SEPARATE SHEET TO CONTINUE WITH ADDITIONAL QUALIFYING EMPLOYMENT DATA, USING THE SAME FORMAT AS ABOVE

Have you ever been suspended/discharged from any position?    ___ Yes ___ No    If yes please explain: _____  _____  _____  _____  _____
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**AUTHORIZATION AND CERTIFICATION**

**READ CAREFULLY BEFORE SIGNING:**

I hereby certify that all statements made on, or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

I authorize any person contacted to provide City of Steelville any and all information regarding my employment, education, and other information concerning any of the subjects covered by the application which may include but not limited to: Application of employment; performance evaluations; work records; wage rates; supervisor's comments; results of any and all tests; disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by City of Steelville to request employment records from my present and/or former employer(s). I release and hold harmless the City of Steelville, their officers, agents, and employees, and the person(s) providing the information from any liability related to the providing of this information.

I understand that I may be required to successfully pass a drug test and/or pre-employment physical exam to gain employment or continue employment with the City of Steelville. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the City of Steelville, and consent to the release of the test results to the City of Steelville. I hereby release and hold harmless the City of Steelville, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or pre-employment exam and decisions concerning employment based upon the results of these tests.

I authorize the City of Steelville, its officers, agents, and employees to conduct a background check (including criminal) prior to making a decision regarding employment. I release and hold harmless the City of Steelville, their officers, agents, and employees, and the person(s) providing the information, from any liability related to the performance or result of this check.

If accepted for employment, I agree that my status as an employee depends upon my successful performance during a probationary period and that I am an "at-will" employee during this probationary period. In addition, I understand that the City of Steelville maintains a drug-free and violence-free workplace.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature (Under age 18 must have parent signature)

\_\_\_\_\_  
Date

**If you need reasonable accommodation anytime during the application process, please notify the City of Steelville. City of Steelville is committed to the equality of opportunity for all people.**