

# APPLICATION FOR EMPLOYMENT

**City of Warsaw**

PO Box 68 Warsaw, MO 65355  
(660) 438-5522

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or legally protected status.

(PLEASE PRINT)

Position(s) Applied for:				Date of Application:			
How Did You Learn About Us?							
<input type="checkbox"/>	Advertisement		<input type="checkbox"/>	Friend Relative		<input type="checkbox"/>	Inquiry Website
<input type="checkbox"/>	Employment Agency		<input type="checkbox"/>	Other:			
Last Name			First Name		Middle Name		
Street Number			City		State		Zip Code
Home Phone Number		Cell Phone Number			Social Security Number		
Best time to contact you at home is:							
If you are under 18 years of age, can you provide required proof of your eligibility to work?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Have you ever filed an application with us before?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If yes, give date:							
Have you ever been employed with us before?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If yes, give date:							
Do any of your friends or relatives, other than spouse, work here?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If yes, state name, relationship and location:				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Name			Relationship		Location		
Are you currently employed?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
May we contact your present employer?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Proof of citizenship or immigration status will be required upon employment.							
Date available to start work :							
What is your desired salary range?							
What hours are you available to work?				<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time
<input type="checkbox"/>	Temporary		Dates available from:		<input type="checkbox"/>	To:	<input type="checkbox"/>
Are you currently on "lay-off" status and subject to recall?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Can you travel if job requires it?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**


**Describe any job-related training received in the United States military.**


**List professional, trade, business or civic activities and offices held.** (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)


**ADDITIONAL INFORMATION**

**Other Qualifications.** Summarize special job-related skills and qualifications acquired from employment of other experience.


**SPECIALIZED SKILLS (Skills/Equipment Operated)**

Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
PC/MAC	Word Processing		
Typewriter	Shorthand		
WPM	WPM		

**State any additional information you feel may be helpful to us in considering your application.**


**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES  NO

**PERSONAL/PROFESSIONAL REFERENCES**

Do not include family members or past supervisors.

Name	Phone Number	Best time to Call	Occupation
1.			
2.			
3.			

EDUCATION				
School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK 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	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason For Leaving			May we contact? Yes      No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason For Leaving			May we contact? Yes      No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason For Leaving			May we contact? Yes      No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason For Leaving			May we contact? Yes      No

**LIST ADDITIONAL WORK EXPERIENCE ON FOLLOWING PAGE**

List all previous employment, especially if in the law enforcement field, explaining any gaps in employment.

**ADDITIONAL WORK EXPERIENCE INFORMATION:****WORK 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	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Numbers)			
Starting/Present Job Title	<b>Hourly Rate/Salary</b>		
Supervisor	<b>Starting</b>	<b>Final</b>	
Reason For Leaving			May we contact? Yes _____ No _____
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Numbers)			
Starting/Present Job Title	<b>Hourly Rate/Salary</b>		
Supervisor	<b>Starting</b>	<b>Final</b>	
Reason For Leaving			May we contact? Yes _____ No _____
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Numbers)			
Starting/Present Job Title	<b>Hourly Rate/Salary</b>		
Supervisor	<b>Starting</b>	<b>Final</b>	
Reason For Leaving			May we contact? Yes _____ No _____
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Numbers)			
Starting/Present Job Title	<b>Hourly Rate/Salary</b>		
Supervisor	<b>Starting</b>	<b>Final</b>	
Reason For Leaving			May we contact? Yes _____ No _____

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date