

<u>City of Waynesville</u>

Employment Application

Please inform us if you require assistance in filling out an application. Individuals with disabilities should request reasonable accommodations in accordance with the Americans with Disabilities Act prior to an appointment.									
APPLICATION FOR EMPLOYMENT									
Instructions to Applicant: Please complete all pages of this application. Incomplete applications will not be given consideration. Resumes, training certificates and other materials may be attached.									
Position Desired					Da	te Availa	able		
Employment Desi	red Full-time	Part-	time	Seaso	nal				
Days/Hours Avail	able for Work								
PERSONAL INFO	RMATION								
Name (Last, First, Mi	ddle Initial)						Social S	ecurity No.	
Other Names Use	d (If applicable)								
Address						Email			
City, State, Zip Code					Cell Phone				
Previous Address (if less than 12 months at current address)									
City, State, Zip Co	de								
Are you over 18 ye	ears of age? Yes No	-	ou eligible of US Citizensh					Yes pon employment	No
Salary Expected:	\$		Can you v	work ove	ertin	ne?	Yes	No	
EDUCATION			ł						
Please complete all appropriate items. To receive credit for college education, you must submit a copy of your transcript(s).									
Type of School	Name & Location of School		Type of Degree Received/Credit Hours			Major/Minor Fields of Study			
				Did you	u gra	duate o	r obtain e	equivalent	
High School				Diplom	na (G	ED)?	Yes	No	
Vocational Education									
College or University									
Graduate School									
Other Training (Explain)									

EMPLOYMENT EXPERIENCE

In the space below, list your record of employment for the last **TEN (10)** years and any other relevant work/ volunteer experience. Start with your present or most recent position and list each position in the order that you held them. List any periods of unemployment of one month or more. If more space is needed, attach separate sheet(s) to this application.

Employer:	Date of Employment					
	Start Date	End Date				
Your Job Title	Starting Salary	Final Salary				
Address		1				
Phone Number	Reason for Leaving					
May we contact the employer? Yes No	Supervisor's Name & Title					
If No, explain:						
Description of Duties						
Employer:	Date of En	nployment				
	Start Date	End Date				
Your Job Title	Starting Salary	Final Salary				
Address						
Phone Number	Reason for Leaving					
May we contact the employer? Yes No	Supervisor's Name & Title					
If No, explain:						
Description of Duties						
Employer:	Date of Employment					
	Start Date	End Date				
Your Job Title	Starting Salary	Final Salary				
Address						
Phone Number	Reason for Leaving					
May we contact the employer? Yes No	Supervisor's Name & Title					
If No, explain:						
Description of Duties						
List any other special skills or training (languages, machine operation, computer skills, etc.)						

	CRIMINAL HISTORY						
A "yes" response to any questions regarding your past history will not ne with the City. The nature and circumstances of any conviction or bond the position for which you are applying, are all important in employmen these questions so appropriate decisions can be made.	refusal, inc	luding the relevanc	y of the conv	iction (or refusal to		
Have you ever been convicted of or pleaded guilty to a misde (Other than a parking violation)	Have you ever been convicted of or pleaded guilty to a misdemeanor or felony? Yes No						
If yes, please state:							
Nature of Offense	Date		Mis	ч	Felony		
Location	Date	Judgment	1113	u.	I Clorry		
Nature of Offense	Date	Judgment	Mis	d.	Felony		
Location		Judgment			,		
Nature of Offense	Date		Mis	sd.	Felony		
Location		Judgment					
Has any surety company ever refused to issue or continue a	ny bond a		Yes		No		
If yes, please provide in detail the date, reasons for and the circumstances surrounding the surety company's refusal.							
MISCELLANEOUS INFORMATION							
Have you been employed with us before? If yes, give dates - From To							
Have you filed an application with us before? If yes, when							
Have you filed an application with us before? If yes, when _							
Have you filed an application with us before? If yes, when Please provide a valid license Identification No		Stat	te				
		Stat	te State ID				
Please provide a valid license Identification No							
Please provide a valid license Identification No Please check type of license Driver's License	CD	L License	State ID	or			
Please provide a valid license Identification No Please check type of license Driver's License REFERENCES Please list the names of three persons, who are not related to you	CD	L License	State ID		s Known		
Please provide a valid license Identification No. Please check type of license Driver's License REFERENCES Please list the names of three persons, who are not related to you former supervisor, that we may contact for a personal reference.	CD	L License previously listed a	State ID		s Known		
Please provide a valid license Identification No. Please check type of license Driver's License REFERENCES Please list the names of three persons, who are not related to you former supervisor, that we may contact for a personal reference.	CD	L License previously listed a	State ID		s Known		
Please provide a valid license Identification No. Please check type of license Driver's License REFERENCES Please list the names of three persons, who are not related to you former supervisor, that we may contact for a personal reference.	CD	L License previously listed a	State ID		s Known		
Please provide a valid license Identification No. Please check type of license Driver's License REFERENCES Please list the names of three persons, who are not related to you former supervisor, that we may contact for a personal reference.	CD a and not	L License previously listed a Cell P	State ID as a current hone	Years			

EMERGENCY CONTACT INFORMATION					
Primary Contact Name	Relationship	Contact No.			
Secondary Contact Name	Relationship	Contact No.			
CERTIFICATION OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION					
Please read the statements below carefully . Your signature indicates that you fully understand and agree to the provision of each statement.					
I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview.					
I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.					
I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable, local, state or federal law.					
I understand that this application remains current for only thirty (30) days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.					
If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.					
I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Administrator.					
I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.					
This company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This company likewise does not tolerate harassment based on sex, race, color, religion, national origin, age, disability, or any other protected status.					
I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.					
Applicant's Printed Name					
Applicant Signature		Date			
This form has been revised to comply with the provisions of the A guidance promulgated b	mericans with Disabilities Act and t by the EEOC on July 26, 1991.	he final regulations and interpretive			



www.waynesvillemo.org