



1922 Main Street, P O Box 110
Higginsville, MO 64037
660.584.2106

APPLICATION FOR EMPLOYMENT

DATE:

NAME:

SOCIAL SECURITY NO.

ADDRESS:

HOME TELEPHONE NO.:

CELL PHONE NO.:

LIST ANY OTHER NAMES YOU HAVE USED:

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

EMPLOYMENT DESIRED

POSITION:

DATE YOU CAN START:

DO YOU HAVE ANY RESTRICTIONS ON DAYS OR HOURS YOU ARE AVAILABLE FOR WORK? YES NO

IF SO, PLEASE DESCRIBE:

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES NO IF SO, WHEN?

DO YOU HAVE ANY RELATIVES WHO WORK FOR THIS COMPANY? YES NO

IF YES, THEIR NAMES:

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	IF YES, DEGREE AND MAJOR
Grammar School			
High School			
College			
Other			

SPECIAL TRAINING AND SKILLS

LIST ANY JOB RELATED SPECIAL TRAINING YOU HAVE:

LIST ANY JOB RELATED SPECIAL SKILLS YOU HAVE:

PAST EMPLOYMENT

1. NAME AND ADDRESS OF MOST RECENT EMPLOYER:

IF THIS IS A CURRENT EMPLOYER, MAY WE CONTACT THE EMPLOYER? YES: NO:

JOB TITLE: WAGE/SALARY RATE AT END OF EMPLOYMENT \$ PER

DATES OF EMPLOYMENT: TO

NAME AND TITLE OF SUPERVISOR: PHONE:

DESCRIPTION OF WORK:

REASON FOR LEAVING:

2. NAME AND ADDRESS OF NEXT MOST RECENT EMPLOYER:

JOB TITLE: WAGE/SALARY RATE AT END OF EMPLOYMENT \$ PER

DATES OF EMPLOYMENT: TO

NAME AND TITLE OF SUPERVISOR: PHONE:

DESCRIPTION OF WORK:

REASON FOR LEAVING:

3. NAME AND ADDRESS OF NEXT MOST RECENT EMPLOYER:

JOB TITLE: WAGE/SALARY RATE AT END OF EMPLOYMENT \$ PER

DATES OF EMPLOYMENT: TO

NAME AND TITLE OF SUPERVISOR: PHONE:

DESCRIPTION OF WORK:

REASON FOR LEAVING:

ARE YOU CURRENTLY CHARGED WITH OR HAVE YOU EVER BEEN CONVICTED OF, PLEADED GUILTY TO, PLEADED NO CONTEST OR NOLO CONTENDERE TO, BEEN PAROLED FOR, RECEIVED PROBATION OR DEFERRED JUDGMENT FOR, RECEIVED A SUSPENDED IMPOSITION OF SENTENCE, OR RECEIVED SUSPENDED EXECUTION OF SENTENCE OF, ANY FELONY OR MISDEMEANOR IN ANY JURISDICTION? YES NO

IF YES, PROVIDE DETAILS (DATE, JURISDICTION, CRIME INVOLVED, DISPOSITION, ETC.)

(NOTE: THE EXISTENCE OF A CRIMINAL RECORD WILL NOT NECESSARILY BE AN AUTOMATIC BAR TO EMPLOYMENT.)

GIVE NAMES OF PERSONS WE MAY CONTACT TO VERIFY YOUR QUALIFICATIONS FOR EMPLOYMENT:

NAME	OCCUPATION	ORGANIZATION
PHONE	ADDRESS	
NAME	OCCUPATION	ORGANIZATION
PHONE	ADDRESS	
NAME	OCCUPATION	ORGANIZATION
PHONE	ADDRESS	

CERTIFICATION

I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSE OR MISLEADING STATEMENTS AND ANSWERS, AS WELL AS, OMISSIONS OR FAILING TO FULLY ANSWER QUESTIONS SHALL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT OR WILL RESULT IN MY DISMISSAL AFTER EMPLOYMENT.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

SIGNATURE OF APPLICANT:

DATE:

NOTICE AND CONSENT
TO VERIFY INFORMATION AND TO OBTAIN
BACKGROUND INVESTIGATION REPORTS

I hereby acknowledge that I have been notified by the City of Higginsville (“Employer”) that said Employer may verify the information I have provided to it in connection with my application for employment and that said Employer may obtain one or more background investigation reports on me concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and/or mode of living. I understand that such verification or background investigation may be obtained in connection with my application for employment and/or at any time during my employment with the Employer if I am hired or if I am a current employee. Examples of such reports may include criminal background reports, motor vehicle driving records, credit histories and others.

I hereby authorize the Employer to verify such information and to obtain such background investigation reports on me as it deems necessary or advisable in connection with my application for employment (if I am an applicant) or at any time in connection with my employment (if I am hired or if I am a current employee). I understand that my Employer is not responsible for the accuracy or completeness of the information contained in any such verification or reports.

I hereby release from liability any individual or entity who provides or discloses information or documents to the Employer in connection with my application for employment or related to my subsequent employment (if hired).

I also understand that this consent is a continuing consent and will remain valid until such time as I inform my Employer, in writing, that I wish to revoke this consent.

Date:

Signature of Applicant or Employee

Printed Name:

Social Security Number:

Submit Form