



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: _____

THE CITY OF HIGGINSVILLE DOES NOT DISCRIMINATE IN EMPLOYMENT OPPORTUNITIES OR PRACTICES ON THE BASIS OF RACE, ORIGIN, AGE, DISABILITY, PREGNANCY, VETERAN STATUS, OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW.

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.

Signature of Applicant or Employee

Date: _____

Printed Name: _____

Social Security Number: _____