

City Of Seymour

"Summit City Of The Ozarks"

123 W. MARKET ST. (P.O. BOX 247), SEYMOUR, MO 65746 • PHONE: 417-935-4401

Application for Employment (Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Social Security Number

Telephone

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination. Employer participates in the E-Verify program.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by this company?

3. How were you referred to us? _____

4. Have you ever been convicted of a felony? ___ Yes ___ No
If yes, please explain:

II. Educational History

School Name/Location / Years Completed / Degree/Diploma

Elem/Jr. High: _____

High School: _____

College: _____

Tech. Training: _____

Other: _____

III. Employment Record *(Please include all employment for the last five years.)*

1. _____
Company Name (Current or Most Recent Employer) Position Held

_____ Dates Employed: _____
Address From To

_____ _____
Manager / Supervisor Telephone Wage/Salary

Reason For Leaving

2. _____
Company Name Position Held

_____ Dates Employed: _____
Address From To

_____ _____
Manager / Supervisor Telephone Wage/Salary

Reason For Leaving

3. _____
Company Name Position Held

_____ Dates Employed: _____
Address From To

_____ _____
Manager / Supervisor Telephone Wage/Salary

Reason For Leaving

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

_____	_____
(Employer's Name)	Reason
_____	_____
(Employer's Name)	Reason

IV. References (Please do not include relatives or former employers.)

1. _____

Name	Years Known
_____	_____
Address	Telephone
_____	_____
Occupation	

2. _____

Name	Years Known
_____	_____
Address	Telephone
_____	_____
Occupation	

3. _____

Name	Years Known
_____	_____
Address	Telephone
_____	_____
Occupation	

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime? () Yes () No
3. Can you work overtime without prior notice? () Yes () No
4. Can you travel if required by this position? () Yes () No

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

VII. Agreement

It is our policy to check references as part of our hiring process. This may include contacting your former employers, as well as other business associates. We will ask a series of questions about your work experience, character, education and personality.

After reading this policy, please indicate your agreement by signing in the space provided.

I have read and fully understand the foregoing and voluntarily consent to allow the Organization to check my references. Questions may be asked about my work experience, personality, personal habits and education.

Applicant Signature:

Date:

Received by: _____

Date: _____