# EMPLOYMENT APPLICATION

**100 W. Main**
**P.O. Box 235**
**Ash Grove, MO 65604**
**Phone: (417) 751-23331**
**Fax: (417) 751-3814**
**www.ashgrovert@sbcglobal.net**

**NAME:**

**POSITION APPLYING FOR:**

**The City of Ash Grove is an equal opportunity employer and it is the policy of the City that all employment applicants be given fair and equal consideration, regardless of race, religion, color, gender, age, sexual orientation, disability, veteran status, or national origin, except that minimum age limits imposed by law are to be observed. If selected for employment, a prospective employee must provide satisfactory references for the City and meet our applicable pre-employment qualifications.**

**Applicants requiring disability-related accommodations for interviews should request them in advance. Individuals with disabilities should request reasonable accommodations in accordance with the Americans with Disabilities Act.**

**Are you a United States citizen?** Yes ☐ No ☐
**If you are not a citizen, give the number of your permanent resident card, work permit, or employment authorization card (provide copy of front and back of card): # _____Expiration Date: _____**

**In accordance with Missouri House Bill 1549, the City of Ash Grove will use the e-Verify process to confirm the identity and employment eligibility of each employee hired after January 1, 2009.**

**Date:** _____ **Position Applied For:** _____

**Date Available for Employment:** _____ **Where did you hear about the position:** _____

| Last Name | First Name | Middle Name | Social Security No. |
|---|---|---|---|
| Address | City | State/Zip Code | Other last name(s) used |
| County | Home Phone | Work Phone | E-Mail Address |
| **VETERAN'S INFORMATION** | Have you ever served on active duty (exclude training as a reservist or guardsman) in the U.S. military service? Yes ☐ No ☐ Branch _____ | | Serial # _____ Dates of Service _____ _____ _____ |

| **LICENSE OR REGISTRATION** | **Issued by** | **Expiration Date** | **Number** |
|---|---|---|---|
| **DRIVER'S LICENSE #** | | | |
| **COMMERCIAL DRIVER'S LICENSE** **A B C** | | | |
| **CDL ENDORSEMENTS** | | | |
| **PROFESSIONAL LICENSE** | | | |
| **TRADE LICENSE** | | | |
| **TRADE LICENSE** | | | |

**EMPLOYMENT HISTORY**: In the space below, list your complete record of employment for the **PAST TEN YEARS** and any other relevant **work/volunteer** experience. Start with your present or most recent position and continue in descending order. List positions in the order you held them. List periods of unemployment. If the vacancy announcement includes an experience requirement, **be sure to clearly show you meet such requirement.** If more space is needed, attach separate sheet.

| | |
|---|---|
| Employed by: | Your Job Title |
| Address | CDL Required Yes ☐ No ☐ |
| City & State | Your Duties |
| Supervisor Phone | |
| Supervisor's Title | |
| Employed From(Mo/Yr) To (Mo/Yr) | |
| Salary upon Leaving $ Hr/Wk/Mo/Yr (circle one) | Avg hrs. worked per wk _____ |
| Why did you leave: | |

| | |
|---|---|
| Employed by: | Your Job Title |
| Address | CDL Required Yes ☐ No ☐ |
| City & State | Your Duties |
| Supervisor Phone | |
| Supervisor's Title | |
| Employed From(Mo/Yr) To (Mo/Yr) | |
| Salary upon Leaving $ Hr/Wk/Mo/Yr (circle one) | Avg hrs. worked per wk _____ |
| Why did you leave: | |

| | |
|---|---|
| Employed by: | Your Job Title |
| Address | CDL Required Yes ☐ No ☐ |
| City & State | Your Duties |
| Supervisor Phone | |
| Supervisor's Title | |
| Employed From(Mo/Yr) To (Mo/Yr) | |
| Salary upon Leaving $ Hr/Wk/Mo/Yr (circle one) | Avg hrs. worked per wk _____ |
| Why did you leave: | |

| | |
|---|---|
| Employed by: | Your Job Title |
| Address | CDL Required Yes ☐ No ☐ |
| City & State | Your Duties |
| Supervisor Phone | |
| Supervisor's Title | |
| Employed From(Mo/Yr) To (Mo/Yr) | |
| Salary upon Leaving $ Hr/Wk/Mo/Yr (circle one) | Avg hrs. worked per wk _____ |
| Why did you leave: | |

| | |
|---|---|
| Employed by: | Your Job Title |
| Address | CDL Required Yes ☐ No ☐ |
| City & State | Your Duties |
| Supervisor Phone | |
| Supervisor's Title | |
| Employed From(Mo/Yr) To (Mo/Yr) | |
| Salary upon Leaving $ Hr/Wk/Mo/Yr (circle one) | Avg hrs. worked per wk _____ |
| Why did you leave: | |

| ADDITIONAL INFORMATION: | |
|---|---|
| Are you now or have you ever been employed by the City of Ash Grove? Yes ☐ No ☐<br>If yes, what position(s) _____ | Other name you may have applied under:<br>_____ |
| Are you 18 years of age or older? | Yes ☐ No ☐ |
| May we contact your present employer NOW regarding your qualifications, character, etc.? | Yes ☐ No ☐ |
| Have you been fired or asked to resign from any job during the past five years? | Yes ☐ No ☐ |
| Are you employed now? | Yes ☐ No ☐ |
| Will you work overtime if asked? | Yes ☐ No ☐ |
| Are you willing to relocate to the Ash Grove area if necessary? | Yes ☐ No ☐ |
| Have you ever been found guilty of ANY law violations other than parking tickets or juvenile offenses? (Records do not cause automatic disqualification but are reviewed as related to the job applied for. Be honest. If you have any convictions, list them here. If you do not remember your record, contact the appropriate law enforcement agency for this information.)<br><br>Date: _____ Offense: _____<br><br>Date: _____ Offense: _____ | Yes ☐ No ☐ |

**EDUCATION** Show dates, full or part time, quarter or semester hours and degree received. Indicate major and minor hours. The City of Ash Grove requires all full-time employees have a minimum of a High School diploma or equivalent.

| | | | | |
|---|---|---|---|---|
| High School Name / Address | | Diploma Rec'd.<br>Yes ☐<br>No ☐ | | |
| Business/Trade Name / Address | Total Hours<br>_____qtr<br>_____sem | Certif Rec'd.<br>Yes ☐<br>No ☐ | Course Taken | Hrs Major<br>_____qtr<br>_____sem |
| College Name / Address | Total Hours<br>_____qtr<br>_____sem | Degree Rec'd.<br>Yes ☐<br>None ☐ | Major | Hrs Major<br>_____qtr<br>_____sem |
| College Name / Address | Total Hours<br>_____qtr<br>_____sem | Degree Rec'd.<br>Yes ☐<br>None ☐ | Major | Hrs Major<br>_____qtr<br>_____sem |
| College Name / Address | Total Hours<br>_____qtr<br>_____sem | Degree Recd<br>Yes ☐<br>None ☐ | Major | Hrs Major<br>_____qtr<br>_____sem |

| If you did not complete High School but chose to pursue your GED instead, please complete the following: | GED Certificate Number | Date Test Taken | Place Test Taken |
|---|---|---|---|

| SPECIALIZED TRAINING: |
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| |

| ADDITIONAL INFORMATION Related to why you think you have the qualifications for this position. |
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| |

**SKILLS INVENTORY – CHECK THOSE SKILLS WHICH YOU HAVE ACQUIRED**

| Clerical | Technical | Mechanical |
|---|---|---|
| ☐ Typing WPM _____ | ☐ Computer Programming | ☐ Truck Driver |
| ☐ Speed Writing/Shorthand WPM _____ | ☐ Emergency Medical Technician | ☐ Backhoe/Loader |
| ☐ Personal Computer | ☐ Photography | ☐ Front End Loader |
| ☐ Filing | ☐ Other | ☐ Snow Plow |
| ☐ General Accounting | | ☐ Welding ☐ Electrical |
| ☐ Payroll | | ☐ Carpentry |
| ☐ Other | | ☐ Vehicle Maintenance |
| | | ☐ Concrete Work |
| | | ☐ Farm Tractor |

**REFERENCES**

LIST BELOW THREE UNRELATED REFERENCES, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | ADDRESS | POSITION | YEARS KNOWN | PHONE NUMBER |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

ARE YOU RELATED TO ANY ***FULL-TIME*** EMPLOYEE CURRENTLY EMPLOYED BY THE CITY OF ASH GROVE?

_____No _____ Yes If yes, please list the employee's name, relationship to you, and department (if known).

_____

Employee's Name Relationship to You Department

_____

Employee's Name Relationship to You Department

**Name:** _____

(Please Print)

Please state why you are interested in this position with the City of Ash Grove and what steps you have taken to prepare yourself for this career choice. Please submit your response in long hand (no typing) and limit it to the space provided below. In addition, you are to complete the task solely on your own without assistance from anyone else.

_____

(Signature of Applicant)

## AUTHORIZATION

Please read the statements below ***carefully.*** Your signature indicates that you fully understand and agree to the provisions of each statement.

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, regardless of when discovered by the City of Ash Grove. Any information obtained through former employers and/or personal references will become property of the City of Ash Grove and will be considered confidential. I understand all application materials and supplemental information submitted will not be returned to me or any requesting agency. I waive any claims for the right to review and/or copy any information obtained through investigation of my character and employment history. I release the City of Ash Grove from any liability or damage caused by giving and receiving information or opinions as to my employment or character.

***I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the City of Ash Grove. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the City of Ash Grove unless made in writing.***

If I am offered employment, I agree to submit to a drug test within two business days of notification and medical examination (if required) before beginning employment. If employed, I also agree to submit to a drug test or medical examination (if required) at any time deemed appropriate by the City of Ash Grove and as permitted by law. I consent to such examinations and tests and I request that the examining doctor disclose to the City of Ash Grove the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by the law, is contingent upon satisfactory medical examinations and drug test.

If hired, I agree to abide by all City of Ash Grove work rules, policies and procedures. The City of Ash Grove retains the right to revise its policies or procedures, in whole or in part, at any time.

If you are to be hired by the City of Ash Grove, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you are unable to comply with these requirements.

Signature of Applicant_____ Date_____

## PARENTAL CONSENT FOR MINORS

**If the applicant is under 18 years of age, parental consent is required to conduct the pre-employment substance abuse test, random substance abuse testing during their employment and/or background investigation.**

By signing below, I authorize the City of Ash Grove and their authorized agents to conduct a pre-employment substance abuse test, random substance abuse testing as required and/or a background investigation on my minor child as required for employment.

Signature of Parent /
Legal Guardian _____ Date _____

Print Name of Parent/
Legal Guardian _____

## BACKGROUND INVESTIGATION RELEASE FORM

The undersigned hereby grants permission and authority to the City of Ash Grove, and its authorized representatives, to make any and all inquiries about me, as the City may deem necessary, in connection with my application for employment heretofore submitted to the City. It is understood such inquiries may be directed to my previous employers, to private or governmental agencies (including investigative agencies), review of the sex offenders list, and to all others who may have knowledge or information about me. By my signature hereto, I hereby authorize any person or entity to which inquiry is made, to release to the City any and all information concerning my person, including, but not limited to, assessments of my job performances, my driving record, any civil and/or criminal court records concerning me, my arrest record, and any other information about me which may be in the possession of any person or entity to which inquiry may be directed. By my signature hereto, I hereby consent and agree to the above-described inquiries and investigation of me by the City of Ash Grove, and I further waive any and all claims I might otherwise have against those individuals who conduct the investigation, or against those who cooperate and provide information to the City. I further waive any right I may have to review any information about me submitted to the City pursuant to the above-described inquiries and investigation.

In accordance with the Fair Credit Reporting Act (FCRA), we may contact consumer credit agencies to access information concerning your credit history. You may access the FCRA webpage at www.ftc.gov for your rights concerning this information.

The undersigned hereby certifies that he/she has read and understands the foregoing and hereby accepts and agrees to the terms and conditions hereof.

_____ _____
Applicant Signature Date

_____ _____
Print Full Name Maiden Name or Alias

_____ _____
Social Security Number Driver License Number

Do you have a criminal history? _____ Yes _____ No

If yes, please explain _____

_____

List all locations of residency within the past five years (include school locations (college) if attended in last five years). List the most recent first.

_____ _____
State County State County

_____ _____
State County State County

_____ _____
State County State County