Employment Application - City of Gower, Missouri

It is our policy to comply with all state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment unless all questions are answered on this application. A resume may be attached, but alll questions must be answered.

Position applying for:

PERSONAL DATA

NAME (Last, First, MI)			
Street or Mailing Address	**City**	**State**	**Zip Code**
Home Phone	**Business Phone**	**Cellular Phone**	
Date You Can Start to Work	**Salary Desired**	**High School Diploma or Equivalency (Circle One)**	
		Yes **No** **GED**	

Are you authorized to work in the U. S, on an unrestricted basis? **YES** **NO**

Have you ever been convicted of a Felony? (Convictions will not necessarily disqualify applicant) **YES** **NO**

If yes, explain:

Have you been told the essential functions of the job or been told where to view a copy of the job description? **YES** **NO**

Can you perform these essential functions of the job with or without reasonable accomodation? **YES** **NO**

EDUCATION: Please list any education or training you feel relates to the position

	School Name	Last Grade/Degree	Address, City, State
High School			
College			
Other			

SPECIAL SKILLS: **List and special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.)**

REFERENCES

NAME	ADDRESS, CITY,STATE	PHONE	RELATIONSHIP

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet of paper if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

Job Title #1	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Company Name	Supervisor's Name	Phone Number
City	State	Zip Code
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? YES ☐ NO ☐ N/A ☐

Job Title #2	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Company Name	Supervisor's Name	Phone Number
City	State	Zip Code
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Company Name	Supervisor's Name	Phone Number
City	State	Zip Code
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, ommissions, or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any of the listed references on this application.

I acknowledge and understand that the city is an "at will" employer. Therefore, any employee (rwgular, temporary, or any other category type of employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to any other party.

_____ _____

Applicant Signature Date