

Application for Employment

CITY OF ORONOGO

653 E Central St
Oronogo, MO 64855

Interview Date and Time: _____

Rcvd: _____

It is the policy of the City to provide equal opportunity with regard to all terms and conditions of employment. The City complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

Position applied for _____

Name _____

Phone _____

Address _____

City/State/ZIP _____

Shift preferred: 1 2 3 Any Salary desired \$ _____

Would you work? Full-time Yes No Part-time Yes No

On what date would you be available for work? _____

Are you able to perform the essential functions of the job position with or without reasonable accomodation?

Yes No

What reasonable accomodation, if any, would you require? _____

Have you ever been employed here before? No Yes Dates _____

Do you have a legal right to be employed in the U.S.? Yes (proof is required.) No

Are you of legal age to work? Yes No

Have you ever been convicted of any crime? Yes No

If yes, please explain: _____

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR
TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

Educational Background

GRADE SCHOOL:

Name and Location: _____

HIGH SCHOOL:

Name and Location: _____

Did you graduate? Yes No Degree or diploma _____

COLLEGE:

Name and Location: _____

Course of Study _____

Did you graduate? Yes No Degree or diploma _____

GRADUATE SCHOOL:

Name and Location: _____

Course of Study _____

Did you graduate? Yes No Degree or diploma _____

VOCATIONAL, OR OTHER, TRAINING:

Name and Location: _____

Course of Study _____

Did you graduate? Yes No Degree or diploma _____

Continuing Education: _____

Skills

<input type="checkbox"/> Word Processing	_____	Years	<input type="checkbox"/> Data Entry	_____	Years
<input type="checkbox"/> Accounting/Bookkeeping	_____		<input type="checkbox"/> Heavy Equipment	_____	
<input type="checkbox"/> Filing	_____		<input type="checkbox"/> Other	_____	

Previous Employment

Company Name _____ Phone () _____

Contact Name _____

Address/City/St _____

Position _____ Employed From ____/____ To ____/____

Reason for Leaving _____ Wage _____

Company Name _____ Phone () _____

Contact Name _____

Address/City/St _____

Position _____ Employed From ____/____ To ____/____

Reason for Leaving _____ Wage _____

Company Name _____ Phone () _____

Contact Name _____

Address/City/St _____

Position _____ Employed From ____/____ To ____/____

Reason for Leaving _____ Wage _____

Company Name _____ Phone () _____

Contact Name _____

Address/City/St _____

Position _____ Employed From ____/____ To ____/____

Reason for Leaving _____ Wage _____

References

Name _____ Phone () _____

Address/City/St _____

How long have you known them _____

Name _____ Phone () _____

Address/City/St _____

How long have you known them _____

Name _____ Phone () _____

Address/City/St _____

How long have you known them _____

Certification

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize the City of Oronogo to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and education organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

In consideration of my employment, I agree to conform to the City's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the City's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the City. I understand that no City representative, other than the Mayor with the approval of the Board of Aldermen, and then only when in writing and signed by the Mayor, has any authority to enter into any agreement for employment for an specific period of time, or to make an agreement contrary to the foregoing.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND
AND AGREE TO ITS TERMS.

Applicants Signature _____ Date _____