



APPLICATION FOR EMPLOYMENT

Position(s) Applying For

Date

APPLICANT INFORMATION

LAST NAME: FIRST NAME: MIDDLE NAME:

STREET ADDRESS: APT./UNIT#:

CITY: STATE: ZIP:

PHONE: EMAIL:

ARE YOU AUTHORIZED TO WORK IN THE U.S.? ☐ YES ☐ NO (PROOF WILL BE REQUIRED UPON EMPLOYMENT)

HAVE YOU EVER FILED AN EMPLOYMENT APPLICATION WITH THE CITY OF CLINTON: ☐ YES ☐ NO IF YES, DATE:

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF CLINTON: ☐ YES ☐ NO IF YES, DATE:

DO ANY OF YOUR RELATIVES OR FRIENDS WORK HERE? ☐ YES ☐ NO IF YES, WHO?

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ TEMPORARY DESIRED PAY RANGE: ☐ HOUR ☐ ANNUAL

ARE YOU CURRENTLY EMPLOYED: ☐ YES ☐ NO MAY WE CONTACT YOUR PRESENT EMPLOYER: ☐ YES ☐ NO

EDUCATION & TRAINING

HIGH SCHOOL: ☐ DIPLOMA ☐ GED ☐ DID NOT COMPLETE EITHER

ADDRESS:

COLLEGE:

ADDRESS:

DID YOU GRADUATE? ☐ YES ☐ NO IF YES, DEGREE: YEARS COMPLETED:

OTHER:

ADDRESS:

DID YOU GRADUATE? ☐ YES ☐ NO IF YES, DEGREE: YEARS COMPLETED:

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP AND EXTRA-CURRICULAR ACTIVITIES:

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY:

The City of Clinton is an Equal Opportunity Employer, fully committed to avoiding any unfair treatment or discrimination in employment practices related to race, color, religion, disability, national origin, ancestry, sex, age, political affiliation or anything that might be construed as being discriminatory in the employment process. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the City of Clinton.

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS.

EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER(S) _____

JOB TITLE: _____

SUPERVISOR: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER(S) _____

JOB TITLE: _____

SUPERVISOR: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER(S) _____

JOB TITLE: _____

SUPERVISOR: _____

REASON FOR LEAVING: _____

EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER(S) _____

JOB TITLE: _____

SUPERVISOR: _____

REASON FOR LEAVING: _____

DATES EMPLOYED		HR RATE/SALARY	
FROM	TO	STARTING	FINAL
WORK PERFORMED			

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FROM	TO	STARTING	FINAL
WORK PERFORMED			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD (YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS):

SPECIALIZED SKILLS

CHECK SKILLS AND EXPLAIN DETAILS, I.E. SOFTWARE, PROJECTS, CERTIFICATIONS, MODELS/TYPES OF EQUIPMENT, ETC.

- ☐ WORD PROCESSING: _____
- ☐ SPREADSHEET: _____
- ☐ DATABASE: _____
- ☐ MAPPING: _____
- ☐ FINANCIAL: _____
- ☐ WEBSITES: _____
- ☐ EQUIPMENT (BACKHOE, LOADER, ETC.): _____
- ☐ MECHANICAL: _____
- ☐ CONSTRUCTION: _____
- ☐ ELECTRICAL: _____
- ☐ PLUMBING: _____

OTHER SKILLS AND QUALIFICATIONS

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE:

OTHER INFORMATION

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

REQUIREMENTS OF THE JOB

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT A REASONABLE ACCOMMODATION? ☐ YES ☐ NO

REFERENCES

PLEASE LIST THREE (3) REFERENCES.

NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____

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NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

APPLICANT'S STATEMENT

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I ACKNOWLEDGE THAT INTENTIONAL MISREPRESENTATIONS OR OMISSIONS MAY BE CAUSE FOR THE REJECTION OF MY APPLICATION AND THAT IF HIRED I MAY BE RELEASED FROM EMPLOYMENT.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT, AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

I UNDERSTAND THAT THE CITY OF CLINTON WILL REQUIRE ME TO SUCCESSFULLY COMPLETE A PRE-EMPLOYMENT PHYSICAL EXAMINATION, INCLUDING DRUG AND ALCOHOL TESTS, AS A CONDITION OF EMPLOYMENT AND THAT CONTINUED EMPLOYMENT MAY BE BASED ON THE SUCCESSFUL COMPLETION OF SIMILAR TESTS.

I UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, EMPLOYMENT WITH THE CITY OF CLINTON IS "AT WILL" AND NOTHING IN THE INTERVIEW OR HIRING PROCESS, THIS APPLICATION, OR CITY OF CLINTON POLICIES ARE INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN MYSELF AND THE CITY OF CLINTON. EMPLOYMENT MY BE TERMINATED BY EITHER PARTY AT ANY TIME FOR ANY REASON WITH OR WITHOUT NOTICE.

I UNDERSTAND THAT THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED SIX (6) MONTHS.

SIGNATURE OF APPLICANT

DATE

PLEASE RETURN APPLICATION TO:

CITY OF CLINTON • ATTN: PERSONNEL CLERK • 105 E. OHIO STREET • CLINTON, MO 64735

EMAIL TO: LVELAZQUEZ@CITYOFCLINTONMO.COM • FAX TO: 660-885-2023



APPLICATION FOR EMPLOYMENT AUTHORIZATION

NAME

DATE OF BIRTH

WHEREAS, I AM HEREBY FILING AN APPLICATION FOR EMPLOYMENT WITH THE CITY OF CLINTON, MO, I HEREBY AUTHORIZE THE CITY OF CLINTON TO REVIEW AVAILABLE OFFICIAL RECORDS OF ANY TRAFFIC VIOLATIONS, ARRESTS BY LAW ENFORCEMENT AGENCIES AND/OR CRIMINAL CONVICTIONS.

SIGNATURE

DATE

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