

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

NAME				DATE
				SOCIAL SECURITY NUMBER
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
PHONE NO.	ARE YOU 18 YEARS OR OLDER?			YES NO
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED				
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?				
			YES	NO

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE CONTACT YOUR CURRENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE	WHEN?
REFERRED BY		

EDUCATION

	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER SCHOOL				

GENERAL INFORMATION:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES:(CIVIC,ATHLETIC,ETC.)

EXCLUDE ORGANIZATIONS. THE NAME OF WHICH INDICATES THE RACE,CREED,SEX,AGE,MARITAL STATUS,COLOR OR NATION OF ITS MEMBERS

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on JULY 26,1991.

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU,WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1)			
2)			
3)			

The following statement applies in: Maryland & Massachusetts. (Fill in name of state)

It is unlawful in the state of _____ to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Signature of Applicant

In case of Emergency Notify

NAME	ADDRESS	PHONE NO.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the Company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and without notice, at any time, at either my or the company'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 company. I understand that no company representative, other than its President, and then only when in writing and signed by the president has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date

Signature

CRIMINAL RECORDS CHECK REQUIREMENT

I understand that State Regulations for the City of Sarcoxie require a Criminal Records Check be done before City personnel can be employed on a permanent or part time basis to work in a facility.

I understand any employment with the City of Sarcoxie will be considered TEMPORARY until clearance has been received by the City for permanent employment status. This may take approximately fourteen days. Final qualification for employment is determined by the status of this Criminal Background Check. The contents of my Criminal Records Report will be kept confidential by this City; however a copy may be given to me.

I _____ hereby authorize City of Sarcoxie to follow the appropriate procedures in
PRINT NAME

obtaining a "CRIMINAL RECORDS CHECK" on myself. I am also willing to be fingerprinted if necessary as a part of this procedure.

NAME OF FACILITY

EMPLOYMENT APPLICANT

MAYOR OF SARCOXIE

MAIDEN / ALIAS NAMES

DATE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DATE