

APPLICATION FOR EMPLOYMENT

To be filed with the Office of City Clerk, 200 S. Main St., Webb City, Missouri 64870, (417) 673-4651 (PLEASE PRINT IN INK OR TYPE)

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, national origin or handicap status. Title 8, Civil Rights Act of 1964; Title 6, Civil Rights Act of 1974; Executive Order 11246; Executive Order 12067; Executive Order 11375; Executive Order 12550; Public Law 90-202; Public Law 93-112, As amended prohibit discrimination.

POSITION APPLIED FOR:					
On what basis are you available for employment? Full Time	Part Time	Summer [Temp	oorary	
How did your learn of the position?					
	(Newspaper, radio, personnel annou	ncement, etc.)			
/ETERAN'S	Have you ever filed an	application with	the City	v of We	ebb City?
Are you a U. S. Veteran?yesno		☐ No ☐ Date			
Dates of active duty	Have you ever been er				
from to (mo., day, yr.)	Yes No No				
Are you a member of the reserves or national guard?	Date of birth				
yesno	Mon (Mandatory for Police Offi	th Day		Ye nts Onl	
		PRIN	NT OR	TYP	Ε
Have you ever been discharged or asked to resign from employr	ment?	Name Are you If no,	State	Stree	Last
(2) Have you ever been convicted of a crime other than a minor traffic vio	you at I		Street and Number	Last Name	
(3) Do you object to inquiry of your present employer in regard to your qualifications or abilities?	one number o east eighte s your date		nber		
IF YOU HAVE ANSWERED "YES" TO QUESTIONS 1-3, PLEASE (SEPARATE SHEET. A "YES" ANSWER DOES NOT AUTOMATICALLY EMPLOYMENT.		Name and phone number of person who will know where you may be co. Are you at least eighteen years of age? Yes . No			
		will kno age? Mo	Zip		
(4) It is the policy of the City of Webb City to compensate all non-exemprate for all hours in excess of the designated work period in the form		y whe	0		First Name
or overtime pay. Is this acceptable to you?	Yes		City	ame	
(5) Are you a citizen of the United States?	Yes No	may be con		₹	
If no, are you legally permitted to work in this country? Type of work permit and numberDate Issu	Yes No	No ate			
(6) Do you have a social security card?	Yes No				
If you are selected for employment, your social security card must start work.	Year	Ph			
State Work.			one (a		Middle
			rea cc	County	Nam
IF YOU HAVE ANSWERED "NO" TO QUESTIONS 4-6, PLEASE (SEPARATE SHEET. A "NO" ANSWER DOES NOT AUTOMATICALLY		Phone (area code) number	yır	Middle Name or Initial	
EMPLOYMENT.		'	nber		2

List below, in reverse order the positions you have held starting with your present or most recent employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Be sure to specifically describe each separate assignment in military service. Under "Specify Duties" emphasize your own specific tasks including kind of work and supervisory, technical or other responsibilities so as to give a clear picture of the duties you have performed. If employ-

DO NOT INDICATE "SEE RESUME". A RESUME MAY BE ATTACHED TO B RM

Present or last employer			Date Employed	
Address	City	State	Date Separated	
Phone			Total Months Employed	
Immediate Supervisor			Full Time? Yes No No	
Title of Supervisor			Part-Time: Indicate Percent	
Your Title		Per	as Ne of H	
Present or last employer				
Address		State	Date Employed	
Phone		otato		
Immediate Supervisor	Department		Total Months Employed	
Title of Supervisor			Full Time? Yes No	
Your Title	Last Salary \$			
Present or last employer				
Address		Ctata	Date Employed	
Phone		State		
Immediate Supervisor			Total Months Employed	
Title of Supervisor			Full Time? Yes No No	
Your Title				
	Last Salary \$	Per	or No. of Hours	
Present or last employer			Date Employed	
Address		State	Date Separated	
Phone			Total Months Employed	
Immediate Supervisor			Full Time? Yes No No	
Title of Supervisor		Per		
Your Title	Last Salary \$	Per	or No. of Hours	
5. Present or last employer			Date Employed	
Address		State	Date Separated	
Phone			Total Months Employed	
Immediate Supervisor			Full Time? Yes No No	
Title of Supervisor		Per		
Your Title	Last Salary \$	Per		
6. Present or last employer			Date Employed	
Address	City	State	Date Separated	
Phone			Total Months Employed	
Immediate Supervisor	Department		Full Time? Yes \(\) No \(\)	
Title of Supervisor	Starting Salary \$	Per	Part-Time: Indicate Percent	
Your Title		Per	or No. of Hours	-
Do you possess a valid Driver's	CORL		ypewriter? Yes No Speed	
Do you possess a valid Comme	rcial Driver's License(CDL)? Yes 🔲 No		a computer? Yes No Speed	
If yes, what level do you posses	s?		programs you are comfortable working with.	
	te?		was and commontable working with.	
				-
	ation as to your work record you may			_
deem of value.	ation as to your work record you may	<u> </u>		_
goom or value.				
	-	List below office	e machines you can operate.	
				_
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ment included supervisor responsibilities, give number and type of employees supervised. Give as complete information as possible. If you have more than six (6) separate periods of employment, fill out blank sheet in the same form as that outlined below and attach, Indicate reason for leaving employment, i.e., Resigned, Dismissed, Layoff, etc.

םע	TAILED INFORMAT	ION, BUT WILL NOT BE ACCEPTED	IN LIEU OF COMPLET	ING THIS SECTION.	
	Specific Duties				
	Specific Duties:				
	Reason for Leaving:				
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	Specific Duties:				
	Reason for Leaving:				
	Specific Duties:				
	opeomo Baneo.		-		
	Reason for Leaving:				
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	Specific Duties:				
	Reason for Leaving:				
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	Specific Duties:				
	Reason for Leaving:				
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	Specific Duties:				
	Reason for Leaving:				
	If a license, certificate,	or other authorization to practice a trade or pr	ofession is required for the p	osition for which you are applying com	plete the
	following questions: (E	MT, Post Certification, Journeyman, electrician, L	PN, Waste Water license, etc.)		
	Name of trade, professi	on or certification			
	Specialty		_ City and/or State of	<u> </u>	
	List below any in-service	e training or instruction courses or programs you	have completed with the above	toto	
	POLICE APPLICANTS O		FIRE APPLICANTS ONL	<u>Y</u>	
	Have you completed a S	State-Certified Law Enforcement Academy	Have you completed the		
	Voc. No. 2	to Consolitated	Firefighter I		
	resNo Da	tte Completed	Firefighter II		-
			LIVI (-I.)	Late	

			EDU	JCAT	TIONAL R	ECORD	3			
GRAMMAR AND HIGH SCHOOL Circle last grade completed: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12				lfr	Did you graduate from high school? : Yes No If no, do you have a high school equivalency certificate?					
Name of last school attended					(G.E.D.) Yes No					
Location			4			es, pieas	e submit documented	proof.		
VOCATIONAL TRAINING (BUSINESS, TRA	ADES, 1	ECHI	VICAL	AND	MILITARY S	SERVICE)				
	_	rom	1	То	T					
Name and Location		Mo. Yr. Mo		Yr.	Number of Hours Attended per Week		Subjects Studied			
Name		1	IVIO.	 '''		The state of the s				
Location	+	-	\vdash	\vdash	+					
Name	+-	-	-	\vdash	-					
Location	+	-	-	-	-					
Location		1								
UNIVERSITY AND COLLEGE (UNDERGRA	DUATE	, GRA	DUAT	E, DO	CTORATE)					
		T		Го	Total	Total	Major Field	Minor Field		
Name and Location	Mo.	Yr.	Mo.	Yr.	Semester	Quarter	and Number	Minor Field and Number		
Name	IVIO.	11.	IVIO.	11.	Hours	Hours	of Hours	of Hours		
Location	+	 	 	-	-					
Name	+-	-			-					
Location	+			-						
Name	1									
Location										
Did you graduate? Yes No Spectors No Spectors Spectors No Spectors No Spectors No Spectors No Spectors No Spectors No No No Spectors No	please e trans	der an	ate an	er nam	ted date	□ No □		-		
Do you have any relatives that are employe If yes, provide the name(s)	d by th	e City	of We	bb Ci	ty?					
The City of Webb City believes in the printederal, state and local laws and regulations p	iciple a rohibiti	nd pra	ctice o	of equ ation o	al employm on the basis	ent oppor of race, co	tunity, and intends to co lor, sex, age, religion, na	nply with the letter and spirit o tional origin or handicap status		
		PLE	ASE	RE	AD CAI	REFUL	LY			
APPLIC	ANT	'S C	ER	TIFI	CATION	AND.	AGREEMENT			
I hereby certify that the facts set forth in the appoint application for employment, and as industriction to a sufficient cause for dismissal. I, the undersignent by them and reason for termination. Any ion), may give the City of Webb City any infortuch persons or institutions from any liability obligation to reveal to me or any other person I wish to be considered for any other position.	ned, cor examin rmation by rea the rea	nsent ing do or da son of son fo	that an ectors, ta as the giving	y form hospit he res such	stand that a ner employe tals (public, ults of any o information	ers, upon re private, sta examinatio	atement or information give quest, may give full info ate and including the Unit as made. The undersign	ven herein shall be considered ormation relative to my employ- ted States Veterans Administra- ed hereby releases any and all		

Any applicant who feels discriminated against in his/her opportunity for employment shall have the right to appeal the alleged discriminatory treatment. Such an appeal must be submitted in writing (or verbally) to the Office of City Clerk, 200 S. Main St., Webb City, Missouri 64870.

Signature of Applicant