

Applicant Name: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

### CITY OF SARCOXIE

All applicants are considered for all positions regardless of race, color, creed, national origin, ethnic origin, age, religion, marital or veteran status, presence of non-job-related medical condition, handicap or other legally protected status. Making an application is no guarantee of an interview or employment. **The City of Sarcoxie is an Equal Opportunity Employer.**

Last Name		First Name		Middle Initial		Social Security Number	
Street Address			City/State		Zip Code		Phone Number:
Email				Cell Phone			
Do you have any relatives working for the City of Sarcoxie?				Date Available for work?			
Have you ever been convicted of a crime, aside from traffic violations?			Are you 18 years of age or older?		If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.		
Name of high school attended:		City & State		Graduate?		GED?	
Name of college or technical school:	City & State		Graduate?	Degree?		Major:	
Are you presently enrolled in school?				If yes, give name & address of school and expected degree date:			
List any job-related skills or accomplishments, including military service:							
<b>-Provide Three References Who Are Not Former Employers Who We May Contact-</b>							
Name and Occupation			How do you know them and for how long?			Phone Number	

Applicant Name: \_\_\_\_\_

### **Your Employment History**

List names of employers with present or last employer listed first

May we contact current employer before you are offered a position? _____	
Name of employer:	Job Title:
Address:	Dates of Employment: From:                      To:
City, State, Zip Code:	Telephone:
Supervisor:	Reason For Leaving:
Duties:	Additional Comments:
Name of Employer:	Job Title:
Address:	Dates of Employment: From:                      To:
City, State, Zip Code:	Telephone:
Supervisor:	Reason for Leaving:
Duties:	Additional Comments:
Name of Employer:	Job Title:
Address:	Dates of Employment: From:                      To:
City, State, Zip Code:	Telephone:
Supervisor:	Reason for Leaving:
Duties:	Additional Comments:
Name of Employer	Job Title:
Address:	Dates of Employment: From:                      To:
City, State, Zip Code:	Telephone:
Supervisor:	Reason for Leaving:
Duties:	Additional Comments:

Applicant Name: \_\_\_\_\_

**In case of Emergency Notify:**

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**Name**

**Address**

**Phone Number**

**CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM**

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from an legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:

Date:

Applicant Name: \_\_\_\_\_

### APPLICANT INFORMATION FORM

The CITY OF SARCOXIE is an Equal Opportunity/Affirmative Action Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information WILL NOT be used in the employment process; and failure to provide this information WILL NOT jeopardize your opportunity for employment with the CITY OF SARCOXIE.

**NAME** \_\_\_\_\_ **TODAY'S DATE** \_\_\_\_\_  
**TITLE OF JOB FOR WHICH YOU HAVE APPLIED:** \_\_\_\_\_

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#### SEX and RACE/ETHNIC IDENTIFICATION

SEX:            MALE                FEMALE        (Please Check one box)

RACE/ETHNIC:    For the purpose of Equal Opportunity, race/ethnic categories are identified as follows....Please check the category which identifies Your race/ethnic background.

White        (Not of Hispanic origin)-All persons having origins in any of the Original peoples of Europe, North Africa or the Middle East.

Black        (Not of Hispanic origin)-All persons having origins in any of the Black racial groups of Africa.

Hispanic  All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islanders: All persons having origins in any of the original  
 peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands. (Example... China, Japan, Korea, the Phillipine Islands and Samoa.

American Indian or Alaskan Native: All person having origins in any of the  
 original peoples of North America.

#### REFERRAL SOURCE(S)

HOW DID YOU LEARN OF THIS POSITION?                      PLEASE CHECK ONE BOX

<input type="checkbox"/> City Employee	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> College/University	<input type="checkbox"/> Relative or Friend
<input type="checkbox"/> Human Resources Dept. Posting	<input type="checkbox"/> Trade Magazine

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- |  |  |
|--|--|
| <input type="checkbox"/> Job Fair                | <input type="checkbox"/> Unemployment Office |
| <input type="checkbox"/> Newspaper Advertisement | <input type="checkbox"/> Web site            |

**Use this Parental Consent Form if applicant is under 18**

The Application will not be deemed complete until this form is provided with appropriate signatures.

**PARENTAL AUTHORIZATION FOR DRUG SCREEN**

I do hereby give parental authorization for the pre-employment drug testing of minor listed \_\_\_\_\_ for consideration regarding a position with the City of Sarcoxie. The drug screen will be administered at Freeman Occumed and the result will be kept confidential and only released to the City of Sarcoxie for review.

Parental Authorization Signature: \_\_\_\_\_

Parental Authorization Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Fill this form out ONLY if you are under 18 at the time you are filling the application out.

*If you are under 18, A parent's signature is required so they know you are applying and together you have considered all aspects of this position. Job involves driving, equipment handling/use, sun exposure and exposure to potentially hazardous(if not handled properly) chemicals like pool chemicals, fuels and/or pesticides.*

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

<b>VETERAN'S</b>	
A DD214 Member-4 version MUST be attached to verify military service and type of discharge.	
Have you ever served in the military? (If no, skip this section)	Yes _____ No _____
Branch of Service	_____
Serial #	_____
Type of Discharge	_____
Dates of Service	_____

<p>Do you possess a <b>valid</b> Driver's License?      <input type="checkbox"/> <b>YES</b>  <input type="checkbox"/> <b>NO</b></p> <p>Do you possess a <b>valid</b> Commercial Driver's License (CDL)? <input type="checkbox"/> <b>YES</b>    <input type="checkbox"/> <b>NO</b></p> <p>If <b>YES</b>, must check Class Code:  <b>A</b> <input type="checkbox"/>    <b>B</b> <input type="checkbox"/>    <b>C</b> <input type="checkbox"/></p> <p>Endorsements-check:  <b>T</b> <input type="checkbox"/>    <b>P</b> <input type="checkbox"/>    <b>N</b> <input type="checkbox"/>    <b>H</b> <input type="checkbox"/>    <b>S</b> <input type="checkbox"/>    <b>X</b> <input type="checkbox"/>                <b>TPXS</b> <input type="checkbox"/></p> <p><b>CODE: T</b>-Double-Triple Trailer/<b>P</b>-Passenger Transport/<b>N</b>-Tank Vehicle/<b>H</b>-Hazardous Materials/<b>S</b>-School Bus Authorized/<b>X</b>-N and H combined/<b>TPXS</b>-All CDL Endorsements</p> <p>If <b>YES</b>, to either or both License, what state(s)? _____</p> <p>Driver's License Number: _____</p>	<p>Do you operate a computer?  <b>YES</b> _____  <b>NO</b> _____</p> <p>Speed on computer-WPM  _____</p> <p>List office equipment and computer programs you work with.  (e.g. Word, Excel, Outlook, etc.)</p>