



MEMORANDUM

TO: PROSPECTIVE APPLICANTS FOR EMPLOYMENT for

FROM: PERSONNEL CLERK
CITY OF WARRENSBURG, MO

SUBJECT: RESUMES & APPLICATIONS

ALL applicants need to fill out the employment application in its entirety.

Should you have a resume, please attach it to the back of the packet.

The job description is something you should keep for a reference.

Please return to Personnel:
City of Warrensburg
102 S. Holden St.
Warrensburg, MO 64093

Thank you for your interest
in the City of Warrensburg.



CITY OF WARRENSBURG, MISSOURI

GENERAL APPLICATION FOR EMPLOYMENT

Position Applied for: _____ Date: _____

Name: _____ Soc. Sec. # _____

First Middle Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone # (____) _____ Evening Phone # (____) _____

Driver's License # _____ State: _____

E-mail address (optional) _____

Have you ever used another name? Yes No If yes, give name: _____

Type of employment desired: Full Time Temporary Part Time Permanent

Days available: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Hours available: _____ Available for overtime? Yes No

Salary desired: _____

Are you:

Over the age of 18? _____ Yes No

If you are under the age of 18, and it is required, can you furnish a work permit? _____ Yes No

A previous applicant? _____ Yes No

A previous employee? _____ Yes No

Do you qualify for work study? _____ Yes No

Legally able to work in the United States? _____ Yes No

A licensed driver with a car available for work? _____ Yes No

Do you have any relatives who work for the City? _____ Yes No

If yes, names: _____ Relationship _____

How did you learn about this job?

- Advertisement in: _____ (Publication)
 Employee: _____ (Name)
 Employment Agency: _____ (Name)
 One-Stop Center Missouri Works
 Other: _____ (Specify)

Other than non alcohol-related traffic violations, have you ever been convicted of any offense? Yes No

If yes, describe in detail: _____

As used in this application, "convicted" includes any finding of guilty, plea of guilty, or plea of nolo contendere, regardless of whether or not imposition or execution of sentence is suspended.

NOTE: Are you submitting a resume with this application? Yes No

EMPLOYMENT HISTORY - (Most recent first)

Employer: _____ **Dates Employed:** _____

Address: _____

Position: _____ **Salary:** _____

Supervisor: _____ **Telephone # ()** _____

Description of Duties: _____

Reason for Leaving: _____

May we contact this employer as a reference: Yes No

Employer: _____ **Dates Employed:** _____

Address: _____

Position: _____ **Salary:** _____

Supervisor: _____ **Telephone # ()** _____

Description of Duties: _____

Reason for Leaving: _____

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Employer: _____ **Dates Employed:** _____

Address: _____

Position: _____ **Salary:** _____

Supervisor: _____ **Telephone # ()** _____

Description of Duties: _____

Reason for Leaving: _____

Employer: _____ **Dates Employed:** _____

Address: _____

Position: _____ **Salary:** _____

Supervisor: _____ **Telephone # ()** _____

Description of Duties: _____

Reason for Leaving: _____

EDUCATION

Highest level of education obtained:

- Less than high school diploma or equivalent. Grade completed: _____
- High school
- GED
- Undergraduate
- Graduate
- Technical
- Other: _____ (Specify)

* * * *

High School Attended: _____

Location: _____

* * * *

College/ University Attended: _____

Location: _____ **Degree Obtained:** _____

Major: _____ **Minor:** _____

* * * *

Graduate/Professional School Attended: _____

Location: _____ **Degree Obtained:** _____

Field(s) of Study: _____

* * * *

Technical/Business School Attended: _____

Location: _____

Degree/Certificate Obtained: _____

Other School Attended: _____

Location: _____

Degree/Certificate Obtained: _____

MILITARY SERVICE

Have you served in the armed services of the United States or its allies? **Yes** **No**

If yes: **Branch of Service** _____

Dates of Service _____

Rank at Discharge _____

Please attach a copy of your DD 214.

OTHER TRAINING/EXPERIENCE

Please describe any additional training/experience/ skills you possess which would be an asset in performing the duties of this position:

LICENSES/CERTIFICATES HELD

License/Certificate: _____ Date Issued: _____

Licensing Authority: _____ License # _____

* * * *

License/Certificate: _____ Date Issued: _____

Licensing Authority: _____ License # _____

* * * *

License/Certificate: _____ Date Issued: _____

Licensing Authority: _____ License # _____

REFERENCES

Name	Address	Telephone #
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Name	Address	Telephone #
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Name	Address	Telephone #
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References should be people who are unrelated to you who have knowledge of your character and/or work history which would assist the City in evaluating you as a potential employee.

APPLICANT VERIFICATION

I understand that the City of Warrensburg will be making inquiries to verify the information contained on this application, including contacting former employers and references and verifying criminal, work, and educational records.

I hereby certify that I have carefully reviewed this application and that the information given in this application, and any accompanying documentation, is true, accurate and complete to the best of my knowledge and ability. I realize that, if employed, any false or misleading information given in this application and accompanying documentation may be grounds for dismissal. Personnel can be terminated anytime without reason being specified.

I further certify that I have read the job description attached hereto and that I am able to perform the essential functions of the position, with or without an accommodation. I further consent to the full implementation of the City of Warrensburg, Missouri's, drug and alcohol testing policies as per the manual should I be placed for employment.

I understand that pre-employment drug testing is required before my employment with the City is final. I hereby consent to pre-employment drug testing.

I hereby authorize the City of Warrensburg, Missouri, to conduct inquiries into my character, reputation, and ability and release those supplying such information from all liability. I further hereby authorize the City of Warrensburg, Missouri, to obtain a copy of my driving record and to perform a criminal records background check.

Date: _____

Signature: _____



CITY OF WARRENSBURG, MISSOURI

APPLICANT'S SELF-ASSESSMENT OF JOB QUALIFICATIONS

Job Title: _____

Applicant's Name: _____

Instructions to Applicants

Attached is a description of the job for which you are applying. This job description does not list every job task or requirement, but it attempts to outline the tasks that a candidate must be able to perform to do the job, and the requirements that a qualified candidate should meet.

Please read this job description carefully. For each task, consider whether you can properly and safely carry out the task, and for each requirement consider whether you believe you can meet the requirement. If you have a disability, but can meet a requirement or do a task if we make a reasonable accommodation for the disability, answer "yes" when asked if you can do the job.

If you have questions about what the job requires, please contact the Personnel Assistant.

YES. I can meet all the job requirements and perform all the tasks of the job (with or without reasonable accommodation), with only the following exception(s):

NO. I cannot meet all the requirements of the job and perform all the essential functions, even with reasonable accommodation of any disabilities I may have. Do you have any current openings that do not require:

Attestation

I have read the job description carefully. By signing here, I certify that, if I have said that I can do the job, I can perform all the essential functions of the job safely and properly, except as noted.

Date: _____ Signed: _____