



City of Waynesville

Employment Application

100 Tremont Center
Waynesville, MO. 65583
Phone: (573) 774-6171
Fax: (573) 774-5467

Please inform us if you require assistance in filling out an application. Individuals with disabilities should request reasonable accommodations in accordance with the Americans with Disabilities Act prior to an appointment.

APPLICATION FOR EMPLOYMENT

Instructions to Applicant: Please complete all pages of this application. Incomplete applications will not be given consideration. Resumes, training certificates and other materials may be attached.

Position Desired		Date Available				
Employment Desired	Full-time	Part-time	Seasonal			
Days/Hours Available for Work						
PERSONAL INFORMATION						
Name (Last, First, Middle Initial)		Social Security No.				
Other Names Used (If applicable)						
Address		Email				
City, State, Zip Code		Cell Phone				
Previous Address (if less than 12 months at current address)						
City, State, Zip Code						
Are you over 18 years of age?		Yes	No	Are you eligible to work in the United States? (Proof of US Citizenship or immigration status will be required upon employment)	Yes	No
Salary Expected: \$		Can you work overtime?		Yes	No	
EDUCATION						
Please complete all appropriate items. To receive credit for college education, you must submit a copy of your transcript(s).						
Type of School	Name & Location of School		Type of Degree Received/Credit Hours	Major/Minor Fields of Study		
High School			Did you graduate or obtain equivalent Diploma (GED)?		Yes	No
Vocational Education						
College or University						
Graduate School						
Other Training (Explain)						

EMPLOYMENT EXPERIENCE

In the space below, list your record of employment for the last **TEN (10)** years and any other relevant work/ volunteer experience. Start with your present or most recent position and list each position in the order that you held them. List any periods of unemployment of one month or more. If more space is needed, attach separate sheet(s) to this application.

Employer:	Date of Employment	
	Start Date	End Date
Your Job Title	Starting Salary	Final Salary
Address		
Phone Number	Reason for Leaving	
May we contact the employer? Yes No	Supervisor's Name & Title	
If No, explain:		
Description of Duties		
Employer:	Date of Employment	
	Start Date	End Date
Your Job Title	Starting Salary	Your Job Title
Address		
Phone Number	Reason for Leaving	
May we contact the employer? Yes No	Supervisor's Name & Title	
If No, explain:		
Description of Duties		
Employer:	Date of Employment	
	Start Date	End Date
Your Job Title	Starting Salary	Your Job Title
Address		
Phone Number	Reason for Leaving	
May we contact the employer? Yes No	Supervisor's Name & Title	
If No, explain:		
Description of Duties		
List any other special skills or training (languages, machine operation, computer skills, etc.)		

CRIMINAL HISTORY

A "yes" response to any questions regarding your past history will not necessarily disqualify you from consideration for employment with the City. The nature and circumstances of any conviction or bond refusal, including the relevancy of the conviction or refusal to the position for which you are applying, are all important in employment consideration so please provide complete responses to these questions so appropriate decisions can be made.

Have you ever been convicted of or pleaded guilty to a misdemeanor or felony? Yes No
(Other than a parking violation)

If yes, please state:

Nature of Offense	Date	Misd.	Felony
Location	Judgment		
Nature of Offense	Date	Misd.	Felony
Location	Judgment		
Nature of Offense	Date	Misd.	Felony
Location	Judgment		

Has any surety company ever refused to issue or continue any bond on your behalf? Yes No

If yes, please provide in detail the date, reasons for and the circumstances surrounding the surety company's refusal.

MISCELLANEOUS INFORMATION

Have you been employed with us before? If yes, give dates - From _____ To _____

Have you filed an application with us before? If yes, when _____

Please provide a valid license Identification No. _____ State _____

Please check type of license Driver's License CDL License State ID

REFERENCES

Please list the names of three persons, who are not related to you and not previously listed as a current or former supervisor, that we may contact for a personal reference.

Name & Address	Cell Phone	Years Known

PERSONAL STATEMENT - Explain how your past experience makes you the best candidate for the position you are applying for.

EMERGENCY CONTACT INFORMATION		
Primary Contact Name	Relationship	Contact No.
Secondary Contact Name	Relationship	Contact No.
CERTIFICATION OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION		
<p><i>Please read the statements below carefully. Your signature indicates that you fully understand and agree to the provision of each statement.</i></p>		
<p>I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview.</p>		
<p>I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.</p>		
<p>I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable, local, state or federal law.</p>		
<p>I understand that this application remains current for only thirty (30) days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.</p>		
<p>If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.</p>		
<p>I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Administrator.</p>		
<p>I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.</p>		
<p>This company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status.</p>		
<p>I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.</p>		
Applicant's Printed Name		
Applicant Signature _____		Date _____

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.



City of Waynesville

www.waynesvillemo.org

Amended 05-21-2020