



181 W. Harrison St. • P.O. Box 68 • Warsaw, Mo. 65355
 Phone: (660) 438-5522 Fax: (660) 438-7142

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or legally protected status.

POSITION APPLYING FOR: _____ **TODAY'S DATE:** ___/___/___
EMPLOYMENT DESIRED: FULL TIME PART TIME

APPLICANT INFORMATION:			
Last Name:	First:	M.I.	
Street Address:		Apartment/Unit #	
City:	State:	Zip:	
Phone: ()	E-Mail Address:		
Date Available:	SALARY DESIRED \$		
Are you authorized to work in the U.S.? ___Yes ___No		Can you provide proof of citizenship? ___Yes ___No	
Have you ever worked for the City? ___Yes ___No		Department:	Year (s):
Are you related to any City employee(s)? ___Yes ___No		Name of Relative:	

EDUCATION:		
High School Name:		Address:
Did you graduate? ___Yes ___No	Degree:	
College Name:		Address:
Did you graduate? ___Yes ___No	Degree:	
Other:		Address:
Did you graduate? ___Yes ___No	Degree:	

REFERENCES: <i>Please list three references:</i>			
Full Name:		Relationship:	
Company:		Phone: ()	
Address:	City:	State:	Zip
Full Name:		Relationship:	
Company:		Phone: ()	
Address:	City:	State:	Zip:
Full Name:		Relationship:	
Company:		Phone: ()	
Address:	City:	State:	Zip:

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PREVIOUS EMPLOYMENT: Please list three most recent positions, beginning with most recent.			
Company Name:		Phone: ()	
Address:		City, State, Zip:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From: / / to / /		May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving?			
Company Name:		Phone: ()	
Address:		City, State, Zip:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From: / / to / /		May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving?			
Company Name:		Phone: ()	
Address:		City, State, Zip:	
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From: / / to / /		May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving?			

SKILL INFORMATION: (CHECK TO ALL THAT APPLY)				
MOTOR VEHICLES:		EQUIPMENT:		Other:
<input type="checkbox"/>	Class B CDL MO. Drivers license	<input type="checkbox"/>	Front End loader	<input type="checkbox"/> Blue Print Reading? <u> </u> Yes <u> </u> No
<input type="checkbox"/>	Standard Transmission Vehicle	<input type="checkbox"/>	Backhoe	<input type="checkbox"/> Production/Mobile Machinery
<input type="checkbox"/>	1 ½ Ton Flatbed Truck	<input type="checkbox"/>	Skid Steer (Bob Cat)	<input type="checkbox"/> Hand Tools
<input type="checkbox"/>	Dump Truck	<input type="checkbox"/>	Zero Turn Mower	<input type="checkbox"/> Cleaning Tools (Vacuums etc)
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Concrete Saws	<input type="checkbox"/> MSDS knowledge
CLERICAL / OFFICE SKILLS:		<input type="checkbox"/>	Surveyor's Transit	<input type="checkbox"/> Other:
<input type="checkbox"/>	Typing (_____ words per min)	<input type="checkbox"/>	Stump Grinders	
<input type="checkbox"/>	Microsoft Word	<input type="checkbox"/>	Chain Saws	
<input type="checkbox"/>	Microsoft Power Point	<input type="checkbox"/>	Building & Setting Concrete forms	
<input type="checkbox"/>	Microsoft Excel/Spreadsheets	<input type="checkbox"/>	Pouring concrete driveways, curbs, sidewalks	
<input type="checkbox"/>	Outlook	<input type="checkbox"/>	Accurately filling out daily reports	
<input type="checkbox"/>	Quicken _____	<input type="checkbox"/>	Operate two way radios	
Summarize other qualifications, job related skills, specialized training, and or certificates received:				

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. I understand that my misrepresentation or omission of information made by me in this application or any other documentation submitted for consideration of my employment will be sufficient cause for immediate discharge regardless of length of employment. I further understand that failure to complete this application in its entirety may be cause for my application to be disqualified from consideration. Applicants may request any needed accommodation to participate in the application process.</p> <p>In consideration of my employment, I agree to conform to the policies and procedures of the City of Warsaw, Missouri. Any employment and compensation can be terminated or changed with or without cause, and with notice at any time, at the option of the City of Warsaw.</p> <p>I hereby authorize the City of Warsaw, Missouri to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from liability or responsibility all persons, companies or corporations supplying such confident information. I further agree that the City of Warsaw may furnish like information to those with whom I may hereafter seek employment and agree to save the City of Warsaw free and harmless from and all liability thereof.</p>	
Signature:	Date: