



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

Do you have a Resume to Submit? Y / N if yes...please staple to application

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:	
		City:	State:
Did you graduate? ___Yes ___No		Year of Graduation:	Degree:
College Name:		Address:	
		City:	State:
Did you graduate? ___Yes ___No		Year of Graduation:	Degree:
Other:		Address:	
		City:	State:
Did you graduate? ___Yes ___No		Year of Graduation:	Degree:

REFERENCES: Please list three references:			
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:

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)

CLERICAL /OFFICE SKILLS	EQUIPMENT	CONSTRUCTION
Typing(_____ words per min)	Front End loader	Masoner/ Concrete/ Glazier
Microsoft Word	Skid Steer (Bob Cat)	Plumber
Microsoft Power Point	Zero Turn Mower	Welder
Microsoft Excel/spreadsheets	Concrete Knowledge/Forms, pouring/Setting	Electrical knowledge
Outlook	Crane Operator	Carpenter/Building/Roofing/Framing
Other: List below	Stump Grinders	Other: List below
MOTOR VEHICLES:	Chain Saws	OTHER:
Class B CDL MO.	Operate two way radios	Cleaning tools/chemicals
Standard Transmission Vehicle	Surveyor's Transit	MSDS Knowledge
1 ½ Ton Flatbed Truck	Accurately filling out daily reports	ISO
Dump Truck	Skyscrapers/ etc.	
Other: List below	Other: List Below	

Summarize other qualifications, job related skills, specialized training, and or certificates received:

DISCLAIMER AND SIGNATURE

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.

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.

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.

Signature: _____ Date: _____