



# City of Neosho

## Application for Employment

The City of Neosho is an equal opportunity employer. The City of Neosho does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

### GENERAL INFORMATION

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Other Given Names: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_ No \_\_\_

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ Driver's License Number: \_\_\_\_\_

Class of License: \_\_\_\_\_ CDL: Yes \_\_\_ No \_\_\_

Have you ever been employed by the City of Neosho? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Do you have any friends and/or family who are currently employed by the City of Neosho? Yes \_\_\_ No \_\_\_  
If so, what is their name? \_\_\_\_\_

Are you presently employed? Yes \_\_\_ No \_\_\_ If yes, may we contact? Yes \_\_\_ No \_\_\_

Have you been terminated from employment or asked to resign by an employer? Yes \_\_\_ No \_\_\_  
If yes, please provide company names and details: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes \_\_\_ No \_\_\_

How did you hear about us? Walk-in \_\_\_ City Website \_\_\_ Facebook \_\_\_ Referral \_\_\_ Other \_\_\_

### EDUCATION AND TRAINING

<u>Name/Address of School</u>	<u>Diploma/Degree</u>	<u>Course of Study</u>
High School/GED: _____		
College/University: _____		
Vocational/Trade: _____		
Other: _____		

What current certifications do you hold? \_\_\_\_\_

#### Military Record (Please include a copy of your Long Form DD-214)

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

### WORK HISTORY

*Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent employer. Incomplete information could disqualify you from further consideration.*

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date Employed: (Month/Year): \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Address: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date Employed: (Month/Year): \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Address: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date Employed: (Month/Year): \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Address: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFERENCES**

*Provide three references, not including relatives.*

First & Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Years known: \_\_\_\_\_

First & Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Years known: \_\_\_\_\_

First & Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Years known: \_\_\_\_\_

**WORK AVAILABILITY**

Can you work overtime? Yes \_\_\_ No \_\_\_

Can you work overtime without prior notice? Yes \_\_\_ No \_\_\_

Can you work on Saturday? Yes \_\_\_ No \_\_\_

Can you work on Sunday? Yes \_\_\_ No \_\_\_

Can you travel if required by this position? Yes \_\_\_ No \_\_\_

**EMPLOYMENT DESIRED**

Date you can start: \_\_\_\_\_

Hourly rate/Salary desired: \_\_\_\_\_

## AGREEMENT

***Please read before signing:***

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the City of Neosho to hire me. If I am hired, I understand that either the City of Neosho or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the City of Neosho has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the City of Neosho true and complete information on this application. No requested information has been concealed. I authorize the City of Neosho to contact previous employers listed and references provided for employment reference checks. If any information I have provided is untrue, misleading, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I hereby release the City of Neosho from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

*This employer participates in the E-Verify program under the Department of Homeland Security and USCIS. Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity per the Federal I-9 Guidelines within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.*

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***Signature***

***Date***