

CITY OF ALTON, MISSOURI

P. O. Box 247, Alton, MO 65606

(417) 778-6321

ctyalton@ortrackm.missouri.org

EMPLOYMENT APPLICATION

The City of Alton is an equal opportunity employer and considers all applicants for employment without regard to race, color, religion, sex, age, ancestry, national origin, disabled or veteran status.

General Instructions:

1. Print clearly or type information.
2. Give complete and concise answers to all questions. You can be credited only with the education and experience shown on this application and any required supplementary form.
3. False, incomplete or inaccurate information may be considered justification for disqualification or discharge.

1. Date of Application: _____

2. Title for position which applying: _____

3. Name: _____
LAST FIRST MIDDLE

4. Address: _____
NUMBER STREET CITY STATE ZIP

5. Home Phone: _____ Business Phone: _____

6. Social Security Number: _____

7. What type of work do you desire?

Summer/Seasonal?

Full-Time?

Part-Time? If part-time, what days and hours are you available for work? _____

8. On what date would you be available for work? _____

9. Have you ever been discharged or forced to resign? Yes No

If yes, give name and address of employers, date of your discharge or forced resignation, and the reason therefore on a separate sheet of paper.

10. Have you ever been convicted, fined, imprisoned, or placed on probation, or have you ever been ordered to deposit collateral for alleged breach or violation of any law, police regulations or ordinance except minor traffic violations? Yes No

If yes, provide details: _____

11. Are you a citizen of the United States? Yes No

12. Are you a veteran? Yes No

EMPLOYMENT HISTORY

Please give the following information, beginning with your **current or most recent** employment.

Employer: _____ Dates of employment: _____
Address: _____ Job Title: _____
Telephone: _____ Supervisor: _____
Hourly Rate of Pay: Starting _____ Final _____

Work Performed: _____
Reason for Leaving: _____ May we call for reference? Yes No

Employer: _____ Dates of employment: _____
Address: _____ Job Title: _____
Telephone: _____ Supervisor: _____
Hourly Rate of Pay: Starting _____ Final _____

Work Performed: _____
Reason for Leaving: _____ May we call for reference? Yes No

Employer: _____ Dates of employment: _____
Address: _____ Job Title: _____
Telephone: _____ Supervisor: _____
Hourly Rate of Pay: Starting _____ Final _____

Work Performed: _____
Reason for Leaving: _____ May we call for reference? Yes No

Employer: _____ Dates of employment: _____
Address: _____ Job Title: _____
Telephone: _____ Supervisor: _____
Hourly Rate of Pay: Starting _____ Final _____

Work Performed: _____
Reason for Leaving: _____ May we call for reference? Yes No

EDUCATION

High School:

How many years did you complete? 1 2 3 4 Did you graduate? Yes No
 Year _____

Name and Location of High School _____

Have you received a High School Equivalence Certificate (G.E.D.)? Yes No

Junior College, College and University (undergraduate, graduate, professional):

School & Location	Attended From/To (month & year)	Total Semester Hours	Major (& minor if applicable)	Degree & Date Received

Other training (business, trade, service schools, internships, etc.):

School	Location	Attended From/To (month & year)	Full-Time or Part-Time	Subjects & Hours Completed	Certificate & Date Received

REFERENCES

Please give the following for three persons not related to you, whom you have known at least one year.

Name	Address	Phone	Occupation	Years Known

AUTHORIZATION FOR RELEASE: I hereby authorize the City of Alton to make such investigations and inquiries as to my character, employment record, education records including transcripts, and conviction records as may be deemed necessary in arriving at an employment decision. I hereby release employers, schools, law enforcement agencies and persons from all liability for any damage whatsoever that may ensue from furnishing the same to the City of Alton.

CERTIFICATE OF APPLICANT: (Read carefully before signing.) I certify that all answers and statements herein contained are true to the best of my knowledge and belief. I understand that any misstatement or omission of material fact will subject me to disqualification or dismissal. I approve the above authorization for release.

Before signing please check to insure that all questions have been answered in a thorough manner. An incomplete application may result in the application being rejected or delayed, which could result in a lost job opportunity.

SIGNATURE: _____

DATE: _____