

APPLICATION FOR EMPLOYMENT

City of Richmond, Missouri
MO 64085

205 Summit Street, Richmond,

(Please Print)

Position Applied For		Date of Application	
Last Name Name	First Name	Middle	
Street Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	

Are you 18 years of age or older: Yes ____ No ____

If hired, can you provide written evidence that you are authorized to work in the United States? Yes ____ No ____

Do you have a valid driver's license? Yes ____
No ____

Have you ever been employed with the City of Richmond? Yes ____
No ____

If yes, please provide date(s): _____

Do any of your friends or relatives work here? Yes ____ No ____

If yes, please provide name(s) and relationship(s): _____

If offered a position the date you are available to work: _____

Are you available to work: Full Time ____ Part Time ____ Temporary ____

What is your desired salary range? _____

Have you ever been convicted of a felony or misdemeanor? Yes ____ No ____

(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain: _____

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

EDUCATION

	Name and Location	Course of Study	Diploma/Degree
High School			
Undergraduate/College			
Graduate/Professional			
Technical/Other			

U.S. MILITARY SERVICE

If yes, please provide the following information:

Branch of Service	Number of Years Served
Rank Achieved	Occupational Specialty
Special Training	

REFERENCES

Please give the names and addresses of three references. DO NOT include relatives.

Name and Address	Contact Number	Business or Personal	Years Known

APPLICANT'S STATEMENT

I understand that the City of Richmond follows an "employment at will" policy, in that I or the City of Richmond may terminate my employment at any time, or for any reason consistent with applicable state or federal law. This "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief elected official of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits: (1) the employment of unauthorized aliens, (2) that all persons hired must submit satisfactory proof of employment, authorization and identity, and (3) failure to submit such proof will result in denial of employment.

I understand that this Application for Employment will be active for a period of 60 day. After that time, if I wish to be considered for employment I must submit a new application.

I understand that the City of Richmond will thoroughly investigate my employment and personal history (including a criminal history report by the Richmond Police Department) and verify all data given on this application, or related papers and in interviews. I hereby authorize and release from any and all liability the Richmond Police Department, all individuals, schools, and firms named herein (except my current employer if so noted) who provide any information requested about me.

I certify that all statements contained herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant's Signature

Date

EMPLOYMENT HISTORY

Please list all previous employment for the past ten (10) years with your present or most recent employer first.

Employer	From
Address	To Telephone
Job Title	Supervisor
Briefly describe your job duties:	
Reason for Leaving	Last Salary
May we contact this employer?	

Employer	From
Address	To Telephone
Job Title	Supervisor
Briefly describe your job duties:	
Reason for Leaving	Last Salary
May we contact this employer?	

Employer	From
Address	To Telephone
Job title	Supervisor
Briefly describe your job duties:	
Reason for Leaving	Last Salary
May we contact this employer?	

Employer	From
	To
Address	Telephone
Job title	Supervisor
Briefly describe your job duties	
Reason for Leaving	Last Salary
May we contact this employer?	

Employer	From
	To
Address	Telephone
Job Title	Telephone
Briefly describe your job duties	
Reason for Leaving	Last Salary
May we contact this employer?	

Employer	From
	To
Address	Telephone
Job Title	Supervisor
Briefly describe your job duties	
Reason for Leaving	Last Salary
May we contact this employer?	

Please explain any time lapses between employers during the past 10 years. Use additional sheets as necessary.