



Human Resources
 201 E. Broadway
 Excelsior Springs, MO 64024
 Phone: (816) 630-0761
 Fax (816) 630-9572

EMPLOYMENT APPLICATION

(THIS APPLICATION MUST BE COMPLETED IN FULL, EVEN IF A RESUME IS ATTACHED)

The City of Excelsior Springs is an Equal Opportunity Employer. We consider all applicants on the basis of qualifications and job-related requirements and criteria, without regard to race, color, national origin, ethnic origin or ancestry, religion, gender/sex, pregnancy, disability, age, military status, and any other characteristic protected by law.

Last Name	First Name	Middle Initial	Social Security Number (Optional)
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Address:	Street Number	Street Name	Apt. #	City	State	Zip Code
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Telephone number(s) where we can contact you: Home _____ Work _____

Cell _____ Email Address _____

How do you prefer we contact you: _____ Best time to contact you: _____

Are you 18 years of age or older? Yes No

For Police Officer Applicants Only: Are you 21 years of age or older? Yes No

Are you legally eligible to work in the United States and able to provide required documentation upon employment?
 Yes No (Failure to provide required documentation can result in dismissal)

Have you ever been convicted of, or pled guilty or "Nolo Contendere" to a felony or misdemeanor?* Yes No

If you answered yes, please describe:

DATE	OFFENSE	SENTENCE & LOCATION

*Conviction will not automatically disqualify you from employment consideration. We will consider the nature of the offense in relation to the job for which you are applying.

EMPLOYMENT DESIRED

Job/Position	Date You Can Start	Minimum Salary Requested:
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", may we contact your present employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work a rotating shift? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever applied for a job with the City of Excelsior Springs before?

Yes No

If "yes", when and for which position? _____

Have you ever been employed by the City of Excelsior Springs before?

Yes No

If "yes", in what capacity, and why did you leave? _____

Are you related to any employee or elected official of the City of Excelsior Springs?

Yes No

If "yes", give name(s) and relationship(s). _____

EDUCATION

	Name and Location of School	Course of Study	# of Years Completed	Diploma, Certificate or Degree Received
High School				
College or University				
Vocational or Trade School				
Graduate School				

WORK HISTORY

(Start with your present or most recent employment and provide ALL information requested, even if a resume is attached.)

Use additional sheets if necessary.)

Name of Employer	Telephone number, starting with area code
Complete address, including street, city, state & zip code	Supervisor's name and title
Dates employed From: month/day/year To: month/day/year	

Give title(s) of position(s) held and describe the duties and responsibilities of each.

Reason for leaving:

Name of Employer	Telephone number, starting with area code
Complete address, including street, city, state & zip code	Supervisor's name and title
Dates employed From: month/day/year To: month/day/year	

Give title(s) of position(s) held and describe the duties and responsibilities of each.

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Name of Employer	Telephone number, starting with area code
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Complete address, including street, city, state & zip code	Supervisor's name and title
Dates employed From: month/day/year To: month/day/year	

Give title(s) of position(s) held and describe the duties and responsibilities of each.

Reason for leaving:

List any special certifications, courses, training or skills that would be of benefit in the job for while you are applying:

REFERENCES (List the names of three persons who you have known at least one year. Do not include family members.)

Name	Job	Phone Number	City, State	Years Known
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I certify that the statements contained in the application are true and complete to the best of my knowledge. I understand that, if hired, false or misleading information given in my application, resume or interview(s) may result in immediate dismissal.

I authorize the City of Excelsior Springs to verify all statements contained in the application for employment and to make reference and background checks as its representatives deem necessary. You are hereby authorized to make any investigation of my personal character, academic records or employment history, and I release all parties from any claim arising in connection with their giving the same to you.

I understand and agree that I may be required to take one or more physical examinations, including drug and alcohol screens, as a condition of hiring or continued employment. I agree to consent to take such examination(s) at such time as designated by the City of Excelsior Springs.

I further understand that if I am employed, I will be an "at will" employee, free to resign without notice or to be dismissed without notice.

Date _____ Applicant Signature _____