APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

PERSONAL

Last Name First Middle	Date
Street Address	Home Telephone ( )
City, State, Zip	Business Telephone ( )
Have you ever applied for employment with us? ☐ Yes ☐ No If yes: Month and Year_____Location_____	Social Security #
Position Desired	Pay Expected
Apart from absence for religious observance, are you available for full-time work? ☐ Yes ☐ No If not, what hours can you work?_____	Will you work overtime if asked? ☐ Yes ☐ No
Are you legally eligible for employment in the United States?	When will you be available to begin work?_____
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? ☐ Yes ☐ No If "Yes," describe in full.	Have you ever been bonded? ☐ Yes ☐ No If "Yes," with what employers?
Other special training or skills (languages, machine operation, etc.)	

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				☐ Yes ☐ No	
College				☐ Yes ☐ No	
Business /Trade/ Technical				☐ Yes ☐ No	
High School				☐ Yes ☐ No	
Elementary				☐ Yes ☐ No	

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EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1

Company Name	Telephone ( )
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for leaving

2

Company Name	Telephone ( )
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for leaving

3

Company Name	Telephone ( )
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for leaving

4

Company Name	Telephone ( )
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s)_____ Reason_____

MILITARY

Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK

Employer	Person Contacted	Results
1		
2		
3		
4		

TEST RESULTS

Tests Administered	Raw Score	Rating	Analysis and Comments

INTERVIEW RESULTS

Interviewer Name and Comments

City of Parsons believes that the information solicited from the applicant is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in this "Application of Employment" of any question which may violate Federal, State or local laws and users should consult their own counsel with respect to any legal questions concerning the use of this form.

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.

(Exclude those which may disclose your race, color, religion, age or national origin)

Applicant's Signature

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date _____ Signature _____