



Application For Employment

CITY OF MOBERLY

-An Equal Opportunity Employer-
The city's policy is to provide equal opportunity to all qualified applicants and employees without regard to race, color, religion, sex, national origin, age, marital status, or disability.

101 West Reed
Moberly, MO 65270
(660) 263-4420

Position Applied For: _____ Date of Application: _____

NAME: _____
Last First Middle

Current Residence: _____

City: _____ State: _____ Zip: _____ How long at this residence? _____

Previous Residence: _____

City: _____ State: _____ Zip: _____

How long did you live at this previous residence? _____

Social Security Number: _____ - _____ - _____ Home Phone: _____ Are you 18 years of age or older? _____
(Police Officers and Firefighters must be 21 or older.)

Email Address _____

Driver's / Chauffer's License Number: _____ State: _____
(Give only if the position you are applying for will involve driving city vehicle.)

Have you previously been employed by the City of Moberly? _____

If so, give dates employed: From: _____ To: _____

Are you legally eligible for employment in the United States? _____
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Type of employment desired? _____ Full Time _____ Part Time _____ Temporary _____ Seasonal

Will you work overtime if required? _____ Do you have any relatives currently employed by the City? _____

If yes, give name(s) and relationship(s): _____

Have you ever been convicted of a felony? _____
(A conviction does not necessarily disqualify you. A security clearance may be required for certain positions.)

Can you perform the tasks of this position with or without an accommodation? _____

Describe or demonstrate how you would perform this function, with or without an accommodation: _____

EDUCATION / TRAINING: Please provide information about your educational and training background.

What is the highest level of education you have attained? _____

Elementary / Junior High / High School: _____
(Last one attended) School Name City & State

Special Training, Technical Schools or Armed Forces Training:
SCHOOL COURSE NAME DATES ATTENDED

College: **NAME DATES ATTENDED MAJOR DEGREE / HOURS**

WORK EXPERIENCE: Start with your present or most recent job.

1. Employer: _____ Telephone: _____
Address: _____ City & State: _____
Position: _____ Supervisor: _____
Main Duties: _____
Reason for Leaving: _____
Dates Employed: _____ Final Pay: _____

2. Employer: _____ Telephone: _____
Address: _____ City & State: _____
Position: _____ Supervisor: _____
Main Duties: _____
Reason for Leaving: _____
Dates Employed: _____ Final Pay: _____

3. Employer: _____ Telephone: _____
Address: _____ City & State: _____
Position: _____ Supervisor: _____
Main Duties: _____
Reason for Leaving: _____
Dates Employed: _____ Final Pay: _____

May we contact the employers listed above? _____

Give name, address and telephone number of two character references who are not related to you and are not previous employers:

- 1. _____
- 2. _____

Summarize special skills or qualifications not covered elsewhere in this application and/or list any additional information you would like us to consider:

PLEASE READ CAREFULLY AND SIGN IN INK. APPLICATIONS NOT SIGNED WILL NOT BE ACCEPTED.

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any false information contained in this application is just cause for rejection of this application and, if employed, sufficient cause for dismissal.

I agree that my possible employment is subject to satisfactory replies from previous and current employers and references and I hereby give said previous and current employers and references permission to release information to the City of Moberly. I also authorize the City of Moberly to contact my previous and present employers (except as stated above), references, and to review my driving record, criminal record, and/or other background data as it may relate to the position(s) for which I am applying or have been hired. I hereby release from liability the City of Moberly and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I understand that a medical examination may be required by the City, after an offer of employment is made and before I begin my employment duties, and the City may condition the employment offer on the results of the examination, provided all entering employees in the same job category are subjected to such an examination regardless of disability.

I agree to conform to the rules and regulations of the City of Moberly and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the City Manager or myself. I understand that no representative of the City has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to this disclaimer.

_____ Date _____ Signature