

THE CITY OF BELLE

200 E. THIRD STREET
P.O. DRAWER 813
BELLE, MISSOURI 65013
(573) 859-3513
(573) 859-3821 (fax)

APPLICATION FOR EMPLOYMENT

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

ALL APPLICANTS ARE EXPECTED TO ANSWER ALL QUESTIONS ON THIS APPLICATION. ANSWER "NONE" OR "NOT APPLICABLE" WHERE NECESSARY.

IF APPLYING FOR MORE THAN ONE POSITION, YOU MUST FILL OUT A SEPARATE APPLICATION FOR EACH POSITION.

(PLEASE PRINT OR TYPE)

Position for which you wish to apply: _____ Date of Application: _____

How did you learn about us?

____ Friend ____ Relative ____ City Employee ____ Advertisement ____ Other

Last Name	First Name	Middle Name	Social Security Number
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Street Address	City	State	Zip Code
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Home Telephone Number	Work Telephone Number	Cell Phone or Pager Number
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When is the best time to contact you? _____ May you be contacted at work? _____

- If under 18 years of age, can you provide required proof of your eligibility to work? _____ (yes/no)
 - Have you ever been employed with the City of Belle? _____ If yes, provide dates. _____ (yes/no)
 - Are you currently employed? _____ (yes/no)
 - May we contact your current employer? _____ If yes, provide the name and telephone number of your immediate supervisor. _____ (yes/no)
- Are you legally eligible for employment in this country? _____ (Proof of citizenship or immigration status will be required upon employment.) (yes/no)
- Provide the earliest date you can report for work, if hired. _____ Available Date

Are you available to work:	_____ Full-time
	_____ Part-time
	_____ Temporary (Indicate available dates: _____)
	_____ Rotating Shifts (applies to applicants for police officer only)
	_____ Overtime

Are you currently on "lay-off" status and subject to recall? _____ (yes/no)

Are you available to relocate in the general area of Belle? _____ (yes/no)
 - Have you ever been convicted of a felony? (Conviction is not an automatic disqualification.) _____ (yes/no)

If you answered yes, please explain. _____

EDUCATION :

	NAME AND ADDRESS OF SCHOOL	Course of Study	Years Completed	Diploma/Degree
High School				
College/University				
Business/Trade School				

SPECIAL SKILLS AND QUALIFICATIONS :

Describe any specialized training, apprenticeship, skills and extra-curricular activities which you believe would be beneficial to performing the duties of the job for which you have applied.

Describe any job-related training received in the United States Military.

State any additional information you may have which you feel may be helpful to us in considering your application.

Summarize special job related skills and qualifications acquired from employment or other experience.

List professional, trade, business or civic activities and offices held. (You may exclude memberships, which would reveal gender, race, religion, national origin, age, disability or other protected status.)

EMPLOYMENT EXPERIENCE:

Start with your present or last job and go back through each position held. Include any job-related military service assignments and volunteer activities. Please provide COMPLETE information on previous employers.

Employer:	Date Employed: From To	Work Performed:
Address:		
Telephone Number(s):	Hourly Rate/Salary: Starting Final	
Job Title:		
Supervisor's Name and Title:		
Reason for Leaving:		

Employer:	Date Employed: From To	Work Performed:
Address:		
Telephone Number(s):	Hourly Rate/Salary: Starting Final	
Job Title:		
Supervisor's Name and Title:		
Reason for Leaving:		

Employer:	Date Employed: From To	Work Performed:
Address:		
Telephone Number(s):	Hourly Rate/Salary: Starting Final	
Job Title:		
Supervisor's Name and Title:		
Reason for Leaving:		

Employment Experience Continued from page 3

Employer:	Date Employed: From To	Work Performed:
Address:		
Telephone Number(s):	Hourly Rate/Salary: Starting Final	
Job Title:		
Supervisor's Name and Title:		
Reason for Leaving:		

Employer:	Date Employed: From To	Work Performed:
Address:		
Telephone Number(s):	Hourly Rate/Salary: Starting Final	
Job Title:		
Supervisor's Name and Title:		
Reason for Leaving:		

If you need additional space, please continue on a separate sheet of paper.

REFERENCES :

Give the name, address and telephone number of three (3) references. Do not include previous employers, supervisors or relatives.

1) _____
Name Address Telephone Number (including cell or pager)

2) _____
Name Address Telephone Number (including cell or pager)

3) _____
Name Address Telephone Number (including cell or pager)

SPECIALIZED SKILLS:

Check Skills/Equipment Operated

Office/Technical	Light Equipment	Heavy Equipment	Vehicles
_____ EXCELL			
_____ Desktop Publisher			
_____ Microsoft Word			
_____ Access			
_____ Power Point			
Other (please provide detailed explanation:			

APPLICANT' S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by a written document or by conduct unless such change is specifically agreed to in writing by the City Administrator of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant Date