

**CITY OF DE SOTO
17 BOYD ST.
DE SOTO, MO 63020**

APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical conditions or handicap, or any other status protected by law. All employees are considered to be employees "at will" and can be terminated at any time.

PERSONAL (Please Print) Date _____

Name _____ Soc. Sec. # _____
 Last First Middle

Address: _____
 No. Street City State Zip

Telephone No. _____ Referred by: Our Adv. Emp. Agency Friend or Relative No One

Are you over 18 years of age? Yes No *If no, a work permit will be required.*

Are you legally eligible for employment in the United States? Yes No *(If hired, verification will be required by law.)*

Position(s) applied for _____ Full Time Part Time

Date you are available to start work: _____ Salary or Wage desired: \$ _____ Hr. Wk.

Have you worked for us before? If Yes, when? _____ Position _____

Indicate special qualifications or skills _____

If job requires a valid driver's license, please state the number and type: _____

EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
ELEMENTARY				
HIGH SCHOOL				
COLLEGE		MAJOR		DEGREE
OTHER				

Are you employed at the present time? Yes No

List any relatives presently employed by the City of De Soto and state how you are related:

Are you available to work: Full Time Part Time Shift Work Temporary Overtime
 Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? _____ If Yes, list convictions:
 (A conviction does not necessarily disqualify an applicant for the position being applied for).

PRIOR EMPLOYMENT

(Start with most recent employer)

Employer	Phone	From	To
Address	City, State, Zip	Position	
Duties	Supervisor's Name		
	Starting Salary/Wages:		
Reason for Leaving	Final Salary/Wages:		
Employer	Phone	From	To
Address	City, State, Zip	Position	
Duties	Supervisor's Name		
	Starting Salary/Wages:		
Reason for Leaving	Final Salary/Wages:		
Employer	Phone	From	To
Address	City, State, Zip	Position	
Duties	Supervisor's Name		
	Starting Salary/Wages:		
Reason for Leaving	Final Salary/Wages:		

MILITARY SERVICE

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE DISCHARGED

PERSONAL REFERENCES

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

Applicant Statement/Employment Disclaimer

I, (print full name) _____ hereby certify that I have personally completed this application; that all statements made, or information or documents furnished in connection with my application are true to the best of my knowledge and belief; and that I have not knowingly withheld any information which might adversely affect my chances for employment. I understand that any misstatements or omissions of material facts may be cause for rejection of my application, or if I am accepted for employment, for later dismissal.

I hereby authorize all federal, state, and local law enforcement agencies; all military services including the veteran’s administration; all agencies and instrumentalities of government including the internal revenue service; all physicians, hospitals, clinics, and insurance companies; all credit bureaus and financial institutions; and all schools, colleges, and universities to furnish the City of De Soto, or it’s representative, with any and all information in their possession or files regarding me, for the purpose of determining my suitability for employment with the City of De Soto.

I further authorize all of my previous employers whether named in this application or not, to provide the City of De Soto, or it’s representative, with details of my employment history, including but not limited to: salary, disciplinary actions, and reason for leaving or termination. In connection with the foregoing, I understand and agree that the City of De Soto, or it’s representative, may discuss my character, reputation, and integrity with any person having access to information about me, including with any persons that I have listed as references in my application.

I understand and agree that I may be required to submit to tests; written, oral, drug tests, and other similar tests as a prerequisite to employment with the City of De Soto and that I may be required to pass a physical examination upon offer of employment. I also understand that the City of De Soto may obtain a credit check on me.

By signing this authorization, I expressly waive my rights to privacy or notice that I may have under federal or state laws, including, but not limited to, the fair credit reporting act. Any individual, corporation, government agency, or other entity which furnishes information to the City of De Soto, or its representative, is relieved of all liability to me for any loss or damage that I may suffer as a result. I agree that my application may be provided to another city government, or it’s representative, for proper purposes. A copy of this authorization will be considered as effective and valid as the original.

I realize that the completion, retention, or use of this application does not mean that a position is open at this time, or that I qualify or have been accepted for employment. I understand that this document does not constitute an offer of employment. I also understand that if I am employed, I am required to abide by all the rules and regulations of the employer and any special agreements reached by the employer and me.

THE CITY OF DE SOTO WILL NOT PROCESS THIS APPLICATION UNLESS ALL THE INFORMATION REQUESTED HAS BEEN PROVIDED; ALL CERTIFICATES AND COPIES OF TRAINING AND EDUCATION HAVE BEEN ATTACHED; AND THIS WAIVER HAS BEEN SIGNED AND WITNESSED.

PRINT OR TYPE NAME _____

SIGNATURE _____

PRINT WITNESS NAME _____

SIGNATURE OF WITNESS _____

DATE _____