

# CITY OF KEARNEY

100 East Washington St Kearney, Missouri 64060

## Application for Employment AN EQUAL OPPORTUNITY EMPLOYER

Name:		Last	First	Middle	Date of Application
Present Address:		Number and Street			Home Tel. No. (Include Area Code)
City, State, and Zip Code					Work Tel. No. (Include Area Code)
Have you ever been employed under other name? If yes, please list the name(s).		Yes	No	Social Security Number	
Have you ever been convicted of a misdemeanor or felony? If yes, please list date of conviction and offense.		Yes	No	E-mail address	
List people related to you in any way who are employed by the City of Kearney and give relationship.					Are you legally eligible for employment in this country? Yes No Proof of Citizenship or Immigration Status will be required upon employment
Type of work preferred or position applied for:					Are you at least age 16? Yes No
Date Available For Work	Do you restrict your availability to specific hours?		Yes	No	
Salary Requirement	Do you restrict your availability to specific days of week?		Yes	No	
		If yes, specify hours and days:			
List any and all skills or qualifications which you feel would qualify you for the position(s) applied for:					
Drivers License No.	State	Endorsements		License Expiration Date	
Class					
Have you ever been employed by the City of Kearney? If yes, please list position and dates:		Yes	No		
If your primary residence is outside a 25 mile radius of the city limits, are you willing to relocate?		Yes	No		
*Office use only.					

1 GENERAL I

EDUCATION	TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR SUBJECT	CIRCLE HIGHEST YEAR COMPLETED				DEGREE	NUMBER OF YEARS ATTENDED
	Elementary School			5	6	7	8		
	High School			9	10	11	12		
	College			1	2	3	4		
	College			1	2	3	4		
	Post Graduate Education			1	2	3	4		
	Business or Technical School			1	2	3	4		
	Correspondence or Night School			1	2	3	4		
If no degree, list total credit hours recognized by college you attended _____									

Did you serve with the Armed Forces of the United States	If Yes, what branch							
Date of enlistment	Month	Day	Year	Date of discharge	Month	Day	Year	
Rank Attained	Type of discharge							
Current Reserve obligation								
Did you receive any special training while in the Armed Forces? .								
If, Yes describe								

PREVIOUS	List names of three persons (not relatives or former employers) who have known you for the past five years.							
	Name	Address	City,	State,	Zip	Tel. No.	Occupation	
	Name	Address	City,	State,	Zip	Tel. No.	Occupation	
	Name	Address	City,	State,	Zip	Tel. No.	Occupation	

## EMPLOYMENT HISTORY

PRESENT OR LAST

Employer Name		Employer Address, City, State, Zip		Position Title	
Supervisor's Name		Supervisor's Title	Supervisor's Phone Number	Starting Salary	Final Salary
Starting Date	Leaving Date	Reason for Leaving			
Duties and Responsibilities					

PREVIOUS

Employer Name		Employer Address, City, State, Zip		Position Title	
Supervisor's Name		Supervisor's Title	Supervisor's Phone Number	Starting Salary	Final Salary
Starting Date	Leaving Date	Reason for Leaving			
Duties and Responsibilities					

PREVIOUS

Employer Name		Employer Address, City, State, Zip		Position Title	
Supervisor's Name		Supervisor's Title	Supervisor's Phone Number	Starting Salary	Final Salary
Starting Date	Leaving Date	Reason for Leaving			
Duties and Responsibilities					

PREVIOUS PREVIOUS

Employer Name		Employer Address, City, State, Zip		Position Title	
Supervisor's Name		Supervisor's Title	Supervisor's Phone Number	Starting Salary	Final Salary
Starting Date	Leaving Date	Reason for Leaving			
Duties and Responsibilities					

PREVIOUS PREVIOUS

Employer Name		Employer Address, City, State, Zip		Position Title	
Supervisor's Name		Supervisor's Title	Supervisor's Phone Number	Starting Salary	Final Salary
Starting Date	Leaving Date	Reason for Leaving			
Duties and Responsibilities					

Use this space for comments or information not covered elsewhere

**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING THIS APPLICATION**

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for disqualification from the selection process or dismissal from City employment.

I authorize the persons, employers and agents of employers listed on this application and all attachments to give you any and all information concerning any previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I authorize investigation of all statements contained in this application and authorize the investigation of all matters contained in this application and hereby give the City of Kearney permission to contact any party that may have information about my work record, educational history, military record, financial record, criminal record, general reputation and past or present medical record and condition.

In consideration of my employment, I agree to conform to the personnel policies and rules and regulations of the City of Kearney, and my employment and compensation can be terminated, with or without cause, and with or without notice, at the option of either the City or myself. I understand that no City employee has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I understand that pre-employment drug testing as well as drug testing and physical examinations after employment may be required as a condition of employment depending on the nature of the job for which I submitted this application.

I understand that continued employment may be based on the successful passing of job related physical and psychological examinations depending on the nature of the job for which I submitted the application.

I understand this application may be used to apply for any job with the City of Kearney. To be considered for another position at a later date, I understand I must notify Human Resources in writing stating my name, when I submitted this application, a telephone number where I can be reached during the day, and the position in which I am interested.

I hereby waive all rights to access or review of any information granted to me by the Privacy of Information Act. This waiver of access includes all information the City obtains throughout the application and selection process.

Date

Signature of Applicant

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