

RELEASE

I _____ authorize the City of Boonville, MO to conduct a background and police records check in conjunction with my application for employment.

Date: _____

Signature: _____

City of Boonville

Employment Application

The City of Boonville is an Equal Opportunity Employer (EOE)

This application will not be considered unless it is filled out COMPLETELY.

TYPE or PRINT Plainly

Date: _____

Personal Information:

Name: _____ Phone: _____
(Last) (First) (MI)

Current Address: _____
(Street) (City) (State) (Zip)

(If Less Than 2 Years at Current Address)

Previous Address: _____
(Street) (City) (State) (Zip)

Social Security Number: _____

Position Information:

Position Applied For: _____ Date Available: _____
Full Time: _____ Part Time: _____

If Part Time - List Days AND Hours Available: _____

Do You Have a Valid Missouri Operators or Chauffeurs License? _____

If yes, state Type & Number: _____

Has your license been suspended or revoked? _____

If yes, Why & When: _____

Education:

Type	Name	Location	Complete	Degree
High School				
Vo - Tech				
College				
Graduate				

Other Training or Skills: _____

Employment History:

Please list all employment STARTING with present employer.
Account for ALL periods including unemployment and military service

Dates	Employer & Address	Job Title	Describe Job Duties	Wages	Reason for Leaving
From To					
From To					
From To					
From To					
From To					

Have you worked for the City in the past? _____
If yes, When & in what position: _____

Personal References:

Please list three individuals other than relatives or former employers
that have known you for at least five (5) years.

Name & Address	Phone	Occupation	Years Known

I authorize the City of Boonville to make a thorough investigation of my background including past employers and release the city from all liability which may result from such an investigation.
I further understand that any false statements made on this application will be grounds for immediate discharge, regardless of length of employment.

_____ Date

_____ Signature of Applicant