

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: _____
 First MI Last

Current Address: _____
 Street City State Zip

Previous Address: _____
(If less than 2 yrs at current) 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 Commercial Drivers License? _____

If yes, state Type and Number: _____

Has your license been suspended or revoked? _____

If yes, Why and When? _____

Education:

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

Other Training or Skills: _____

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Employment History:

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

Dates	Employer and 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 and 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	Occupation	Yrs Known	Phone

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.

 Signature of Applicant

 Date

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RELEASE

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

Date: _____

Signature: _____