

Human Resources

201 E. Broadway Excelsior Springs, MO 64024

Phone: (816) 630-0761 Fax (816) 630-9572

EMPLOYMENT APPLICATION

(THIS APPLICATION MUST BE COMPLETED IN FULL, EVEN IF A RESUME IS ATTACHED)

The City of Excelsior Springs is an Equal Opportunity Employer. We consider all applicants on the basis of qualifications and job-related requirements and criteria, without regard to race, color, national origin, ethnic origin or ancestry, religion, gender/sex, pregnancy, disability, age, military status, and any other characteristic protected by law.

Last Name	First Name		Middle Initia	al	Social Security Number (Optional	
Address:	Street Number	Street Name	Apt. #	City	State	Zip Code
Telephone nu	umber(s) where we can	contact you: Home _		V	Vork	
Cell		_ Email Address				
How do you រ	orefer we contact you: _		Bes	st time to con	tact you:	
Are you 18 ye	ears of age or older?	Yes No				
For Police Of	ficer Applicants Only: A	re you 21 years of age	or older?	Yes No		
Yes	lly eligible to work in the No (Failure to	provide required docu	imentation can re	sult in dismiss	sal)	ment?
If you answer	red yes, please describe) :				
DATE	OFFENSE		SENTENCE & LOCATION			
*Conviction will not	t automatically disqualify you from	employment consideration. We	will consider the nature of	of the offense in rela	ation to the job for which yo	u are applying.
		EMPLOYM	IENT DESIRE	D		
Job/Position		Da	Date You Can Start Minin		Minimum Salary Re	equested:
Are you empl	<u> </u>	ay we contact your pre?			willing to work a ro	tating shift?

Have you ever applied for a job with the City of Excelsior Springs before? Yes No If "yes", when and for which position?						
Have you ever been er	mployed by the City of Excelsior S If "yes", in what capacity, and w					
Are you related to any Yes No	employee or elected official of the If "yes", give name(s) and relati	•		=		
	E	DUCA	TION			
	Name and Location of School		e of Study	# of Years Completed	Diploma, Certificate or Degree Received	
High School						
College or University						
Vocational or Trade School						
Graduate School						
(Start with your pre	sent or most recent employment ar	ıd provi	STORY de ALL informat ets if necessary.)	ion requested, e	even if a resume is attached.	
Name of Employer			Telephone number, starting with area code			
Complete address, including street, city, state & zip code			Supervisor's name and title			
Dates employed From: month/day/year To: month/day/year			Starting Salary:		Ending Salary:	
Give title(s) of position	(s) held and describe the duties a	and resp	 onsibilities of ead	ch.		
Reason for leaving:						

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Complete address, including street, city, state & zip code	Supervisor's name and title				
Dates employed From: month/day/year To: month/day/year	Starting Salary:	Ending Salary:			
Give title(s) of position(s) held and describe the duties and resp	ponsibilities of each.				
Reason for leaving:					
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Complete address, including street, city, state & zip code	Supervisor's name and title				
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Reason for leaving:					

List any special certif	ications, courses, training or	skills that would be of benefit in	the job for while you a	re applying:
DEEEDENCES (1			a ve an Da mat in alluda f	ih
Name	Job	who you have known at least on Phone Number	City, State	Years Known
Traine	000	Thore Number	Oity, Otate	rearo raiowii
_	nired, false or misleading in	oplication are true and complete formation given in my application		_
to make reference a make any investiga	nd background checks as it tion of my personal charac	rify all statements contained at ts representatives deem neces ter, academic records or employith their giving the same to y	sary. You are hereby loyment history, and	authorized to
alcohol screens, as		to take one or more physical ntinued employment. I agree disior Springs.		
I further understand dismissed without i		vill be an "at will" employee,	free to resign withou	t notice or to be
Date	Applicar	nt Signature		