

# EMPLOYMENT APPLICATION

## City of Dexter

301 E STODDARD ST-DEXTER MO 63841  
PHONE 573.624.5959 FAX 573.624.4650

POSITION APPLYING FOR:

DATE OF APPLICATION:

NAME:

DATE OF BIRTH:

ADDRESS:

CITY, STATE, ZIP CODE:

PHONE NUMBER:

POSITION: \_\_\_\_\_PART-TIME \_\_\_\_\_FULL-TIME

HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A FELONY AS AN ADULT (A CONVICTION OR A PLEA WILL NOT NECESSARILY DISQUALIFY APPLICANT) IF YES, WHAT WAS THE NATURE OF CONVICTION/PLEA \_\_\_\_\_YES \_\_\_\_\_NO

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF DEXTER? IF YES, PLEASE LIST DATE OF PRIOR EMPLOYMENT AND JOB TITLE. \_\_\_\_\_YES \_\_\_\_\_NO

YOU MUST BE A CITIZEN OF THE UNITED STATES OR A PERMANENT RESIDENT ALIEN WHO IS ELIGIBLE FOR AND HAS APPLIED FOR CITIZENSHIP. CAN YOU PROVIDE SUCH IDENTIFICATION? \_\_\_\_\_YES \_\_\_\_\_NO

EDUCATION AND TRAINING:

NAME OF HIGH SCHOOL: \_\_\_\_\_

DID YOU GRADUATE OR RECEIVE A G.E.D.? \_\_\_\_\_YES \_\_\_\_\_NO

COLLEGE, TRADE OR TECHNICAL SCHOOL AND DEGREE

LIST ANY ADDITIONAL TRAINING OR SKILLS THAT WOULD BE HELPFUL IN THE POSITION FOR WHICH YOU ARE APPLYING.

**EMPLOYMENT INFORMATION:**

CURRENT/MOST RECENT EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND I AUTHORIZE INVESTIGATION AND VERIFICATION OF ANY OF THIS MATERIAL. I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF INFORMATION WILL CAUSE FORFEITURE OF MY ELIGIBILITY FOR EMPLOYMENT AND WILL RESULT IN MY REMOVAL FROM THE ELIGIBILITY LIST OR MY DISMISSAL FROM CITY EMPLOYMENT. I FURTHER AGREE TO BE TESTED AND TO FURNISH PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES. I UNDERSTAND THE CITY OF DEXTER RESERVES THE RIGHT TO NOTIFY ONLY THOSE INDIVIDUALS SELECTED FOR AN INTERVIEW AS TO THE STATUS OF THEIR APPLICATION FOR EMPLOYMENT. EOE/ADV/M/F/V

SIGNATURE IN FULL \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

CITY OF DEXTER IS AN EQUAL OPPORUTNITY EMPLOYER