



APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION			
LAST NAME:		MI:	FIRST NAME:
STREET ADDRESS:			APT #:
CITY:		STATE:	ZIP:
CONTACT PH #:		EMAIL ADDRESS:	
DATE AVAILABLE:	SOCIAL SECURITY #:		DESIRED SALARY:
POSITION APPLIED FOR:			
ARE YOU A CITIZEN OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>		ARE YOU AUTHORIZED TO WORK IN THE UNITED STATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER BEEN CONVICTED OF ANYTHING OTHER THAN MINOR TRAFFIC VIOLATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN: <i>(NOTE: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, position, circumstance and seriousness.)</i>			

EDUCATION			
HIGH SCHOOL:		ADDRESS:	
FROM	TO:	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE:
COLLEGE:		ADDRESS:	
FROM	TO:	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE:
TECH/ VOCATIONAL/ OTHER:		ADDRESS:	
FROM	TO:	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE:

PREVIOUS EMPLOYMENT (List most recent first)			
COMPANY:		PHONE:	
ADDRESS		SUPERVISOR NAME:	
JOB TITLE:		STARTING SALARY:	ENDING SALARY:
RESPONSIBILITIES:			MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
FROM	TO:	REASON FOR LEAVING:	

PREVIOUS EMPLOYMENT, CONTINUED			
COMPANY:		PHONE:	
ADDRESS		SUPERVISOR NAME:	
JOB TITLE:		STARTING SALARY:	ENDING SALARY:
RESPONSIBILITIES:			MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
FROM	TO:	REASON FOR LEAVING:	
COMPANY:		PHONE:	
ADDRESS		SUPERVISOR NAME:	
JOB TITLE:		STARTING SALARY:	ENDING SALARY:
RESPONSIBILITIES:			MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
FROM	TO:	REASON FOR LEAVING:	

REFERENCES (Not related to you)	
FULL NAME:	RELATIONSHIP:
COMPANY:	PHONE:
FULL NAME:	RELATIONSHIP:
COMPANY:	PHONE:
FULL NAME:	RELATIONSHIP:
COMPANY:	PHONE:

MILITARY SERVICE		
BRANCH:	FROM:	TO:
RANK AT DISCHARGE:	TYPE OF DISCHARGE:	
IF OTHER THAN HONORABLE DISCHARGE: (PLEASE EXPLAIN)		

DISCLAIMER AND SIGNATURE	
I UNDERSTAND THAT CONSIDERATION FOR EMPLOYMENT IS CONTINGENT ON THE RESULTS OF A REFERENCE AND BACKGROUND CHECK. THEREFORE, I HEREBY AUTHORIZED THE CITY OF LAKE OZARK AND/OR AFFILIATES TO INVESTIGATE THE TRUTHFULNESS OF ALL STATEMENTS MADE IN THIS APPLICATION, CONTACTING MY FORMER EMPLOYERS OR OTHER PERSONS, WHO CAN VERIFY INFORMATION CONCERNING THIS APPLICATION, AND I RELEASE AND INDEMNIFY EACH PERSON AND ORGANIZATION FROM LIABILITY FOR PROVIDING INFORMATION TO THE CITY OF LAKE OZARK.	
SIGNATURE:	DATE: