

# CITY OF MARSHALL

## Marshall, Missouri

*An Equal Opportunity Employer*

# EMPLOYMENT APPLICATION

NOTICE TO APPLICANTS AND EMPLOYEES: Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

**Personal (Please Print)**

First Name Middle Name \*Last Name Today's Date

\*If employed or attended school under last name other than present, indicate Name(s) used.

Street City State Zip Code Telephone Area Code & Number

**Addresses for the past ten years  
(Do not include present address)**

Street and Number	City and State	From Month and Year	TO Month and Year

How long, immediately previous to this application, have you lived in Marshall, Missouri? \_\_\_\_\_

Type of Work Desired Weekly Salary Requirement

Other Kinds of Work You Can Do Date Available for Employment

Social Security Number

Are you a U.S. Citizen?	Yes	No	Have you a legal right to remain permanently in the U.S.?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime?	Yes	No	What, When, Where, & Penalty (exclude minor traffic violations).		
	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever worked for the City of Marshall?	Yes	No	What dates?	Location	Reason for Leaving
	<input type="checkbox"/>	<input type="checkbox"/>			
If no, have you previously made application?			On What Dates?		
Have you any relatives or friends working for the City of Marshall?	Yes	No	Name and Relation		
	<input type="checkbox"/>	<input type="checkbox"/>			

The City of Marshall hereby states that your application will be kept strictly confidential and your present employer will not be contacted without your permission. Please give a complete record of your past and present employment, accounting for all time, whether unemployed or in armed services, for the past ten years or since leaving high school. If you are unemployed, or have been self-employed for more than 30 days, give the

From Month Year	to Month Year	NAME OF COMPANY IN FULL Indicate Nature of Business	ADDRESS & TELEPHONE NUMBER Street, City, State, Zip Code	DEPARTMENT AND NAME OF YOUR SUPERVISOR
		Present Employer (or period of unemployment)		
		Last Employer (or period of unemployment)		
		Second Former Employer (or period of unemployment)		
		Third Former Employer (or period of unemployment)		
		Fourth Former Employer (or period of unemployment)		

If you do not have sufficient space to give a complete history of your employment, attach an additional sheet and continue.

names of two persons (not relatives) who can verify this fact. The City of Marshall may conduct a routine inquiry before initial employment, or subsequently during the course of employment. That inquiry may include such information as character, general reputation, personal characteristics and mode of living. If the City of Marshall does conduct an inquiry, the nature and scope will be disclosed to you upon your written request.

YOUR POSITION Give Job Title and Description of Your Duties	PAY OR SALARY RECEIVED		REASON FOR LEAVING		
	When Started	When Left	Reason Why?	Laid Off	Discharged
	\$ _____	\$ _____			
	\$ _____	\$ _____			
	\$ _____	\$ _____			
	\$ _____	\$ _____			
	\$ _____	\$ _____			

Can you operate an automobile? \_\_\_\_\_ Typewriter? \_\_\_\_\_ Touch or Sight? \_\_\_\_\_ Speed? \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ CDL CLASSIFICATION: Yes  No  If yes, A, B, or C

References: Give the names of three responsible persons, other than relatives or past employers, who know you well enough to give information about you.

Name	Address	Phone	Occupation	Years known

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**IN CASE OF EMERGENCY NOTIFY**

First Name	Middle Name	Last Name

Telephone Area Code & Number	Street	City	State	Zip Code

Applicants Do Not Write In This Space

Location _____	Job _____
Department _____	Salary _____
Date Commence _____	Approved _____

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