

APPLICATION FOR EMPLOYMENT

City of Weston
300 Main St.
Weston, Mo. 64098

PERSONAL INFORMATION

PLEASE PRINT ALL INFORMATION

NAME (Last, First, Middle)				
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PREVIOUS ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE - HOME		PHONE - CELL	

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE MAKE AN INQUIRY OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THE CITY OF WESTON BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION	WHEN
EVER WORKED FOR THE CITY OF WESTON BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION	WHEN
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR FOR THE CITY OF WESTON		

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR OTHER				

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GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK.

SPECIAL TRAINING.

SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER

ADDRESS		CITY		STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE			
WEEKLY STARTING SALARY	WEEKLY FINIAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR		TITLE	PHONE #		
DESCRIPTION OF WORK					
REASON FOR LEAVING					

NAME OF PRESENT OR LAST EMPLOYER

ADDRESS		CITY		STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE			
WEEKLY STARTING SALARY	WEEKLY FINIAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

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FORMER EMPLOYERS CONTINUED

NAME OF SUPERVISOR	TITLE	PHONE #
DESCRIPTION OF WORK		
REASON FOR LEAVING		

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY	WEEKLY FINIAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR	TITLE	PHONE #		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	YEARS KNOW
1.			
2.			
3.			

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SERVICE RECORD

BRANCH OF SERVICE	RANK	DISCHARGE DATE

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?

YES

NO

IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE

SIGNATURE

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