

OSAGE COUNTY ROAD AND BRIDGE DEPARTMENT

APPLICATION FOR EMPLOYMENT

523 HIGHWAY 89 SOUTH

LINN, MISSOURI 65051

OFFICE 573-897-3919 FAX 573-897-0384

rd_bridge@yahoo.com

JOB DISCRIPTION:

Employees of the Osage County Road and Bridge Department are responsible for ensuring that Osage County roadways are adequately maintained, providing a safe and reliable source of transportation for motorists within the County. Other duties include: repair and maintenance of equipment, ensuring that such equipment is readily available for use on the county roadways and meets all safety regulations.

APPLICATION FOR EMPLOYMENT

**Osage County Road and Bridge Department
523 Highway 89 South
Linn, MO 65051
Office 573-897-3919 Fax 573-897-0384**

DATE: _____

We request the following information to help us make the best possible placement. You should complete all portions of this application that pertain to you. We appreciate the time you spend in completing this form. If offered employment and accepted, you are required by law to show proof of eligibility to work in the USA. If offered employment and accepted, you are required by law to show you are 18 years of age or over.

Name _____ Soc. Sec. # _____
LAST FIRST MI

Home Phone No. (____) _____ Cell Phone No. (____) _____

Address _____
STREET CITY STATE ZIP CODE

Type of CDL: _____ (Class A CDL required)

Do you have any relatives in our employment? Yes No If so, please list _____

Have you ever filed an application with us before? Yes No If yes, give date _____

Have you ever been employed with us before? Yes No If yes, give date _____

Referred to this company by: _____

Position for which you are applying _____ Salary desired _____

Employment Preference: Full time Part time Date available _____

Summer Temporary Dates/Hours available _____

EDUCATION:

NAME	ADDRESS	MAJOR COURSE/ SUBJECT	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	DEGREE
High School			1 2 3 4	Yes No	
Business/Trade School			1 2 3 4	Yes No	
College			1 2 3 4	Yes No	
Graduate Studies			1 2 3 4	Yes No	
Other (Specify)			1 2 3 4	Yes No	

Are you currently pursuing further studies? Yes No

If so, what courses and when? _____

REFERENCES:

1. NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

2. NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

APPLICANT'S STATEMENT:

I certify that the answers given herein are true and complete to the best of my knowledge.

I voluntarily give the County of Osage the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I agree to submit to a pre-employment physical and to a drug/alcohol test.

SIGNATURE OF APPLICANT

DATE

