



APPLICATION FOR EMPLOYMENT

THE CITY OF ASHLAND IS AN EQUAL OPPORTUNITY EMPLOYER

CITY OF ASHLAND, MISSOURI

101 W. BROADWAY

P.O. Box 135

ASHLAND, MISSOURI 65010

(573) 657-2091

FAX: (573) 657-7018

WWW.ASHLANDMO.US

Please answer all questions completely and accurately, as this application will serve as an initial screening for employment. Applications submitted with misspelled words, inaccurate information, or incomplete fields may be rejected.

Please be notified that subsequent to an offer of employment a drug test will be administered by a physician designated by the City of Ashland. The city may withdraw its offer of employment if the results of the examination demonstrate that the applicant is unable to perform the essential functions of the job.

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status.

Personal Information:

Full Name		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number	Email Address	Date of Birth	

Employment Desired:

Position	Date You Can Start	Salary Desired
Are You Currently Employed ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, May We Inquire of Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Been Employed by the City of Ashland Before ? <input type="checkbox"/> Yes <input type="checkbox"/> No	When	

Education History:

	<i>Name & Location of School</i>	<i>Years Attended</i>	<i>Did You Graduate</i>	<i>Subjects Studied</i>
High School				
College				
Trade/Business School				

General Information: Please list your special training, certificates, or skills.

U.S Military or Naval Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Branch:

Have you ever been convicted of any local, state, federal misdemeanor or felony? Yes No

If you answered yes to any of the above, please explain:

Employment History

Starting with your most recent employer, please complete the following information.

Employer: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: _____
Job Title: _____ Job Title: _____
Reason for Leaving: _____
Summary of Duties: _____

Employer: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: _____
Job Title: _____ Job Title: _____
Reason for Leaving: _____
Summary of Duties: _____

Employer: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
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Employer: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: _____
Job Title: _____ Job Title: _____
Reason for Leaving: _____
Summary of Duties: _____

References: List Below The Name of Persons Not Related to You, Whom Have Known You At Least One Year

<i>Name</i>	<i>Phone</i>	<i>Relationship</i>	<i>Years Known</i>

Are you legally eligible for employment in this country? Yes No

Authorization:

“I certify that the facts contained in the 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 and 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. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: _____ **Signature:** _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ **Date:** _____

Notes:
