



Employment Application

The mission of the City of Holts Summit is to provide a safe, livable, and sustainable community for our present and future citizens

213 S. Summit Drive
 P.O. Box 429
 Holts Summit, MO
 65043
 Phone: (573)896-5600
 Fax: (573)896-4115

Applicant Information

Last Name:	First Name:	Middle Initial:	Social Security Number:
Address: Street Address		City	State Zip Code
Contact Number:	Email Address:		
Position Applied For:		Date of Application:	
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever worked for this City? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, when?	
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, explain:	
On what date would you be available to work?			
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, may we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently laid off or subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Education

Name/Address	Course of Study	Years Completed	Diploma Degree
High School			
College			
Trade School			

Employment Experience

Employer:	Supervisor:
Dates Employed: From: To:	Duties and Responsibilities:
Address:	
Contact Number:	
Job Title:	Hourly Rate/Salary Starting: Ending:
Reason for leaving:	
Employer:	Supervisor:
Dates Employed: From: To:	Duties and Responsibilities:
Address:	
Contact Number:	
Job Title:	Hourly Rate/Salary Starting: Ending:
Reason for leaving:	
Employer:	Supervisor:
Dates Employed: From: To:	Duties and Responsibilities:
Address:	
Contact Number:	
Job Title:	Hourly Rate/Salary Starting: Ending:
Reason for leaving:	

Additional Information

Specialized Skills (Check all that apply)

- Copy Machine
- PC
- Calculator
- QuickBooks
- CDL
- Outdoor Equipment(specify) _____

- Fax
- Microsoft Suits
- Excel
- Access

State any information that may be helpful in considering your application:

References

Reference #1

Name:	Phone Number:
Address:	Email:

Reference #2

Name:	Phone Number:
Address:	Email:

Reference #3

Name:	Phone Number:
Address:	Email:

Applicant's Signature

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 the 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 conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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

Employment
Physical Examination and/or Drug/Alcohol Testing
Consent and Release Form

I, _____, hereby give the **City of Holts Summit** my consent to conduct, and express my willingness to undergo, a physical examination and/or drug/alcohol screening as requested by my employer or prospective employer identified below. I have signed a similar consent with my employer or prospective employer.

I also consent to the release of the results of the physical examination to my employer or prospective employer. Since I understand that my physical examination may also include a drug test (or I am obtaining a drug test only), I agree to provide and consent to the collection of a urine sample from me. I also understand and agree that this urine sample will be used to detect the presence of illegal narcotics, marijuana, and other drugs, or alcohol, as well as signs of abuse of legally prescribed drugs or alcohol.

I expressly and fully consent to the release to my employer or prospective employer of all my medical records related to the physical examination, and all drug/alcohol test results, that contain relevant information about my fitness and ability to perform the essential functions of the position I have applied for with my employer or prospective employer.

I agree to hold harmless, release and discharge the **City of Holts Summit**, and any of its designated medical personnel, agents, affiliates, or authorized testing laboratories, from any claims or potential liability, including attorney fees incurred, arising out of or related to any physical or medical examination and/or drug/alcohol testing, or the results of such examinations or testing that I have been asked to undergo by my employer or prospective employer. I also hereby agree not to file or pursue any complaints, claims, or legal actions of any kind against the **City of Holts Summit** or any of its employees, representatives, or agents arising out of their activities or actions performed in connection with these physical or medical examinations and/or drug/alcohol testing.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Signature: _____

Print Name: _____

Date: _____

Employer or Prospective Employer