



City of Holts Summit

213 S. Summit Drive
 P.O. Box 429
 Holts Summit, Missouri
 65043

Employment Application

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

Education

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

Describe any specialized training or skills:

Employment Experience		
Employer:	Dates Employed: From: To:	Work Performed:
Address:		
Telephone Number:	Hourly Rate/Salary Starting: Ending:	
Job Title:	Supervisor:	
Reason for Leaving:		

Employment Experience		
Employer:	Dates Employed: From: To:	Work Performed:
Address:		
Telephone Number:	Hourly Rate/Salary Starting: Ending:	
Job Title:	Supervisor:	
Reason for Leaving:		

Employment Experience		
Employer:	Dates Employed: From: To:	Work Performed:
Address:		
Telephone Number:	Hourly Rate/Salary Starting: Ending:	
Job Title:	Supervisor:	
Reason for Leaving:		

Additional Information

Specialized Skills (check all that apply)

<input type="checkbox"/> Copy Machine	<input type="checkbox"/> Fax	<input type="checkbox"/> CDL
<input type="checkbox"/> PC	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Outdoor Equipment(specify) _____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Excel	_____
<input type="checkbox"/> QuickBooks	<input type="checkbox"/> Access	

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

References

1) _____
(name) *(phone)*

_____ *(email)*
(address)

2) _____
(name) *(phone)*

_____ *(email)*
(address)

3) _____
(name) *(phone)*

_____ *(email)*
(address)

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether applications are being accepted at that time.

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.

(Signed) _____

Print Name: _____

Date _____

Employer or Prospective Employer:
