

THE CITY OF MOUNT VERNON

109 N HICKORY ST, PO Box 70
MOUNT VERNON, MO 65712
(417) 466-2122

POLICY STATEMENT EQUAL EMPLOYMENT OPPORTUNITY

IT IS THE POLICY OF THE CITY OF MOUNT VERNON, MISSOURI TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY TO ALL QUALIFIED PERSONS REGARDLESS OF RACE, COLOR, SEX, RELIGION, VETERAN STATUS, NATIONAL ORIGIN, ANCESTRY, AGE, MARITAL STATUS, DISABILITY OR POLITICAL AFFILIATION. INCLUDED IN THE POLICY IS THE PROHIBITION OF DISCRIMINATION IN EMPLOYMENT, UPGRADING, DEMOTION, TRANSFER, RECRUITMENT, ADVERTISING, LAYOFF, TERMINATION, RATES OF PAY, OR OTHER FORMS OF COMPENSATION OR FRINGE BENEFIT, SELECTION FOR TRAINING AND DEVELOPMENT, AND PARTICIPATION IN A CONTRACTUAL OR OTHER ARRANGEMENT OR RELATIONSHIP.

APPLICATION FOR EMPLOYMENT

POSITION/DEPARTMENT APPLYING FOR: _____ DATE: _____

PERSONAL DATA

FULL NAME: LAST	FIRST	MIDDLE INITIAL
CURRENT ADDRESS: NUMBER AND STREET	CITY	STATE ZIP
EMAIL ADDRESS:	HOME OR CELL PHONE:	WORK PHONE:

- HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME(S) THAT WE WILL REQUIRE TO VERIFY ANY OF THE INFORMATION ON THIS APPLICATION? IF SO PLEASE LIST: _____

- HAVE YOU EVER APPLIED FOR EMPLOYMENT OR HAVE BEEN EMPLOYED WITH THE CITY OF MOUNT VERNON BEFORE?
YES NO IF SO, WHEN AND/OR WHAT POSITION? _____
- THE CITY OF MOUNT VERNON PARTICIPATES IN E-VERIFY AND APPLICANTS MAY BE REQUIRED TO PROVIDE PROOF OF HIS/HER ELIGIBILITY TO WORK IN THE UNITED STATES IF SELECTED FOR HIRE.
- ARE YOU ACQUAINTED WITH ANY CITY OF MOUNT VERNON EMPLOYEES? YES NO
IF YES, PLEASE LIST THEM: _____
- ARE YOU 18 YEARS OR OLDER? YES NO (WITH EXCEPTION OF SEASONAL YOUTH EMPLOYEES)

EDUCATION: LIST ALL HIGH SCHOOL, COLLEGES OR TRADE SCHOOL YOU HAVE ATTENDED, MOST RECENT FIRST:

NAME OF SCHOOL	DEGREE/CERTIFICATE OBTAINED	DID YOU GRADUATE?	
		YES	NO
		YES	NO
		YES	NO
		YES	NO

EMPLOYMENT HISTORY/EXPERIENCE

A. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED IN THE PAST THREE (3) YEARS.

CAN WE CONTACT YOUR PRESENT OR MOST RECENT EMPLOYER? YES NO

B. YOU MAY INCLUDE ANY EDUCATION OR JOB RELATED EXPERIENCE AS IT MAY RELATE TO THE JOB THAT YOU RECEIVED DURING MILITARY DUTY, SELF-EMPLOYMENT, TEMPORARY OR VOLUNTARY SERVICE.

I. FROM	TO	NAME/ADDRESS/TELEPHONE OF EMPLOYER	
JOB TITLE		SUPERVISOR	ENDING SALARY/HOURLY WAGES
DESCRIBE DUTIES:			
REASON FOR LEAVING:			
II. FROM	TO	NAME/ADDRESS/TELEPHONE OF EMPLOYER	
JOB TITLE		SUPERVISOR	ENDING SALARY/HOURLY WAGES
DESCRIBE DUTIES:			
REASON FOR LEAVING:			
III. FROM	TO	NAME/ADDRESS/TELEPHONE OF EMPLOYER	
JOB TITLE		SUPERVISOR	ENDING SALARY/HOURLY WAGES
DESCRIBE DUTIES:			
REASON FOR LEAVING:			
IV FROM	TO	NAME/ADDRESS/TELEPHONE OF EMPLOYER	
JOB TITLE		SUPERVISOR	ENDING SALARY/HOURLY WAGES
DESCRIBE DUTIES:			
REASON FOR LEAVING:			
V. FROM	TO	NAME/ADDRESS/TELEPHONE OF EMPLOYER	
JOB TITLE		SUPERVISOR	ENDING SALARY/HOURLY WAGES
DESCRIBE DUTIES:			
REASON FOR LEAVING:			

MAY THE CITY OF MOUNT VERNON CONTACT YOUR **PAST/PRESENT** EMPLOYERS FOR REFERENCES? YES NO

IF **YES**, THEN READ THE FOLLOWING STATEMENTS AND SIGN YOUR NAME ON THE LINE BELOW. I AUTHORIZE THE CITY OF MOUNT VERNON TO OBTAIN EMPLOYMENT INFORMATION FROM ANY PREVIOUS EMPLOYER. IF **NO**, STRIKE A LINE THRU WHICH EMPLOYER ABOVE.

SIGNATURE: _____ DATE: _____

LIST ANY LICENSES, CERTIFICATIONS, SKILLS OR QUALIFICATIONS THAT WILL BE OF BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING:

LIST ALL THE TYPES OF EQUIPMENT, TRUCKS, ETC. YOU CAN DRIVE OR OPERATE THAT ARE REQUIRED FOR THE JOB IN WHICH YOU ARE APPLYING:

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST THREE YEARS:

NAME	ADDRESS/ TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED
1			
2			
3			

CRIMINAL HISTORY

- A. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, WHICH IS SUBSTANTIALLY RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING? (A CONVICTION DOES NOT AUTOMATICALLY MEAN THAT YOU CANNOT BE EMPLOYED. THE NATURE OF THE OFFENSE AND WHEN IT OCCURRED WILL BE CONSIDERED. GIVE ALL PERTINENT FACTS SO THAT A DECISION MAY BE MADE. ATTACH ADDITIONAL SHEETS IF NECESSARY)

YES NO IF YES, EXPLAIN: _____

DRIVING HISTORY

- A. LIST ALL OPERATORS LICENSES YOU CURRENTLY HOLD:

STATE	TYPE OF LICENSE	EXPIRATION	LICENSE NUMBER

MILITARY SERVICE

- A. HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY? YES NO

IF YES, LIST PERIODS, IF MORE THAN ONE, LIST SEPARATELY:

MONTH/YEAR ENTERED	BRANCH	EDUCATION CERTIFICATION	RANK

- B. ARE YOU CURRENTLY A MEMBER OF A MILITARY RESERVE OR NATIONAL GUARD UNIT?

YES NO IF YES, WHICH UNIT? _____

USE THE SPACE BELOW FOR ANY ADDITIONAL INFORMATION. LIST THE SECTION AND QUESTION NUMBERS TO WHICH THE INFORMATION APPLIES. IF ADDITIONAL SPACE IS REQUIRED, ATTACH ANOTHER SHEET.

QUESTION NUMBER	ADDITIONAL INFORMATION

SIGNATURE: _____

THE CITY OF MOUNT VERNON

109 N HICKORY ST, PO Box 70

MOUNT VERNON, MO 65712

(417) 466-2122

COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUPPLIED ALONG WITH YOUR APPLICATION:

1. TRANSCRIPTS OF COLLEGE CREDITS (IF APPLICABLE)
2. ANY PERTINENT INFORMATION (INCLUDING EDUCATIONAL CERTIFICATIONS, VO-TECH SCHOOL INFORMATION, ETC.)
3. RESUME (OPTIONAL)

FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE.

DATE APPLICATION RECEIVED _____

PRE-EMPLOYMENT CHECK:

(INITIAL/DATE) (ATTACH INFO)

DATE OF INTERVIEW _____

1. TRAFFIC _____

INITIALS OF INTERVIEWER (S) _____

2. REFERENCE(S) _____

DATE OF 2ND INTERVIEW _____

3. SKILLS EXAM _____

INITIALS OF INTERVIEWER (S) _____

4. EMPLOY. BKGRD. _____

HIRE? YES NO

DATE OF HIRE: _____

STARTING DATE: _____

DATE OF DRUG TEST: _____

THE CITY OF MOUNT VERNON

109 N HICKORY ST, PO Box 70
MOUNT VERNON, MO 65712
(417) 466-2122

CONSENT FORM

I _____ UNDERSTAND THAT AS A CONDITION OF MY EMPLOYMENT (IF HIRED) WITH THE
(PRINT NAME)
CITY OF MOUNT VERNON, I WILL BE REQUIRED TO TAKE AND PASS A DRUG TEST AND PHYSICAL. I FURTHER
UNDERSTAND THAT THE CITY OF MOUNT VERNON IS A DRUG AND ALCOHOL FREE WORKPLACE. THIS MEANS THAT I
MAY BE TESTED RANDOMLY THROUGHOUT MY EMPLOYMENT WITH THE CITY, IN ACCORDANCE WITH THE CITY'S
PERSONNEL POLICIES.

MY SIGNATURE AT THE BOTTOM ALSO INDICATES THAT I AM AWARE THAT THE CITY PERFORMS ROUTINE
BACKGROUND AND REFERENCE CHECKS. ALL RECORDS FROM THESE CHECKS WILL BE KEPT CONFIDENTIAL.

I FURTHER AGREE CONSENT TO THE MOUNT VERNON POLICE RUNNING A CRIMINAL HISTORY CHECK, WHICH CHECKS
WILL BE KEEP CONFIDENTIAL.

SIGNATURE

DATE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

NOTE: TESTING WILL BE PAID FOR BY THE CITY OF MOUNT VERNON.

THE CITY OF MOUNT VERNON

109 N HICKORY ST, PO BOX 70
MOUNT VERNON, MO 65712
(417) 466-2122

CERTIFICATION OF APPLICANT

AUTHORIZATION FOR RELEASE OF INFORMATION

(READ CAREFULLY BEFORE SIGNING)

I, (PRINT FULL NAME) _____, HEREBY CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE THAT ANY MISSTATEMENTS OR OMISSION OF MATERIAL FACTS WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS FOR EMPLOYMENT WITH THE CITY OF MOUNT VERNON.

I HEREBY AUTHORIZE THE HOLDER OF THIS RELEASE TO MAKE INQUIRY OF MY PRESENT AND PAST EMPLOYERS REGARDING MY CHARACTER, INTEGRITY, AND REPUTATION.

I AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION REGARDING MY EMPLOYMENT, OR ANY OTHER INFORMATION, WHETHER PERSONAL OR OTHERWISE, THAT MAY OR MAY NOT BE ON THEIR RECORDS, AND RELEASE SAID COMPANY OR PERSON FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER THAT MAY ISSUE FROM FURNISHING SUCH INFORMATION TO THE HOLDER OF THIS RELEASE.

A PHOTO STATIC OR XEROX COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

SIGNATURE

DATE

**** THIS APPLICATION AND ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE CITY OF MOUNT VERNON AND WILL NOT BE RETURNED.**