



# CITY OF TIPTON

*Where the Stage Met the Rail*

101 E Moniteau Street • PO Box 517

Tipton, MO 65081

660.433.2323 • Fax 660.433.2810



Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name – as listed on your Social Security Card

\_\_\_\_\_  
Last First Middle or Initial

Address \_\_\_\_\_  
Street, PO Box City State Zip

Telephone Number \_\_\_\_\_  
Number Where You can be Reached Regarding Employment

- 
- |   |            |
|---|------------|
|   | Circle One |
| • Are you a United States Citizen?  | Yes No     |
| • If not a United States Citizen can you submit verification that you are lawfully available for employment in this country?        | Yes No     |
| • Are you at least age 18, a high school graduate or possess or GED?  | Yes No     |
| • Do you have any relative(s) employed by the City?<br>If yes, please give name(s) and relationship(s) _____                        | Yes No     |
| • Do you possess a valid driver's license?<br>If yes, please designate _____  | Yes No     |
| • Do you possess a CDL license?<br>If yes, please designate _____<br>Expiration Date _____ Endorsements _____<br>Restrictions _____ | Yes No     |
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Indicate what Position you are Applying for: \_\_\_\_\_

Indicate what type of Employment you will accept:

Full time \_\_\_\_\_ Part time \_\_\_\_\_ Seasonal \_\_\_\_\_  
Temporary \_\_\_\_\_

## Education and Training

All Applicants Must Complete

Attach a reproduced copy of college transcripts, diplomas, certificates, etc.

Type of School	School Name	City/State	Circle Highest Year Completed	Graduated/Major
Grade			5 6 7 8	Yes No
High			9 10 11 12	Yes No GED
College			1 2 3 4	Yes No
Graduate School			1 2 3 4	Yes No
Business, Vo-Tech, Correspondence			1 2 3 4	Yes No

If college credit has been earned but no degree, indicate total number of credit hours earned

\_\_\_\_\_

Indicate any special courses or training programs not reported above that relate to the type of employment you are seeking \_\_\_\_\_

\_\_\_\_\_

Indicate and explain any work related skills or experience you have obtained through unpaid work, volunteer work, skills developed as a hobby, etc. \_\_\_\_\_

\_\_\_\_\_

**Special Skills – Labor and Trades**  
*Applicants seeking employment in maintenance, park only.*  
**Check any of the following skills you might have, based on training or experience.**

Auto/Truck Mechanical Repair	___	Operate Backhoe	___
Carpentry	___	Operate Dump Truck	___
Landscape Contruc/Maintenance	___	Operate Farm Tractor	___
Operate Excavation Equipment	___	Operate Motorgrader	___
Operate Pickup Truck	___	Operate Snowplow	___
Electrical/Plumbing	___	Welding	___
Other Skills	___, list	_____	

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**Special Skills**  
**Clerical Only**  
**Check any of the following skills that you have, based on training or experience.**

Applications: Spreadsheet/Database	___	Word Processing	___
Bookkeeping	___	Telephone/Receptionist	___
Date Entry	___	Typewriter (WPM ___)	___
Other Skills	___, list	_____	

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**Military Record**  
**All Applicants Must Complete**

- If you are a male between 18 and 26years of age, have you registered with the Selective Service System?
 

Yes	No
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- Have you ever served in the US Military Service?
 

Yes	No
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 If yes, are you an honorable discharge veteran
 

Yes	No
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 State branch and period of active service
 

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NOTE: A dishonorable or general discharge is not an absolute bar to employment and other factors will affect the final decision regarding employment.

<p><b>Employment History</b>  <b>All Applicants Must Complete</b></p>
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List previous employment **beginning with your present or most recent employer**. Show all dates of unemployment. Include any military service, self-employment and unpaid work experience. Include additional sheets if necessary.

Employer & Address	Dates Employed	Duties
Telephone Number	Beginning Salary	
Job Title	Ending Salary	
Supervisor		
Reason for Leaving		

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<p><b>Applicant's Signature Must be Signed</b></p>
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I understand that my application will be active for six months and, upon my request, is renewable for an additional six months. I certify that the information provided herein is true and complete to the best of my knowledge. I understand misrepresentation or omission of information on this application and/or inserts, including relatives working for the City, educational attainments, work history, professional credentials, criminal history, etc. is cause for rejection of my application or subsequent dismissal from employment.

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Signature of Applicant

*Failure to complete and sign the application and the following forms: "Drug Testing, Alcohol Testing and Pre-Employment, Post-Offer Medical Examination Consent; Authorization to Release Information Consent" and Background Check Authorization will cause your application to not be considered for employment.*

## City of Tipton

*These forms must be completed and returned with your application. Be sure to sign and date.*

### **Drug Testing, Alcohol Testing and Pre-Employment, Post-Offer Medical Examination Consent**

#### **Drug & Alcohol Testing**

It is the intent of the City of Tipton to provide a drug-free workplace to protect the health and safety of employees and the general public. All applicants offered employment with the department must successfully pass a urine specimen drug test, at City expense. Applicants who fail the drug test, applicants who refuse to be tested or fail to report for a drug test, will not be considered again for employment for a 12-month period. I understand that any employment offer will be contingent upon my passing the drug test.

I understand if I am employed in a job requiring a commercial driver's license at the time of my termination the City of Tipton has my permission to release any drug test and/or alcohol test results to an employer requesting this information.

#### **Pre-Employment, Post-Offer Medical Examination**

Applicants offered employment with the City of Tipton are required to submit a medical examination, at City expense, to determine if they are able to perform all essential job duties, with or without reasonable accommodation, to ensure the safety, health and welfare of City employees and the general public. I understand that any employment offer will be contingent upon the successful completion of this pre-employment, post-offer medical examination.

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### **Authorization to Release Information Consent**

I hereby request and authorize you to furnish the City of Tipton with any and all information they may request concerning my employment record, driving record, education record, military record and the release of any information pertaining to drug and/or alcohol testing and physical exam results with a previous employer. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the City of Tipton.

I hereby release you and your organization from any liability, which would result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee of the City of Tipton.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**City of Tipton  
Background Check  
Authorization Form**

I authorize the Missouri Highway Patrol to furnish the City of Tipton (City) any information regarding my criminal history. This includes pending charges and convictions for a misdemeanor or a felony.

I authorize the Missouri Department of Revenue to furnish the City information regarding the status of my driver's license.

I do hereby release and forever discharge the City and its officers, agents and employees, from any and all liability arising out of or in any manner relating to the performance of the above referenced checks and the disclosure of any information made with regard thereto.

I have read and understand the above paragraphs.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Have you ever been convicted or plead guilty before a court of any federal, state or municipal criminal offense? Include any alcohol or drug related driving offenses. If yes, please provide explanation below.

Yes    No

\_\_\_\_\_  
\_\_\_\_\_

- Have you ever received probation or community supervision for any federal, state or municipal criminal offense? If yes, please provide explanation below.

Yes    No

\_\_\_\_\_  
\_\_\_\_\_

- Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide explanation below.

Yes    No

\_\_\_\_\_  
\_\_\_\_\_

- As of the date of this authorization, do you have any pending criminal charges against you? If yes, please provide explanation below.

Yes    No

\_\_\_\_\_  
\_\_\_\_\_

**City of Tipton**  
**Affirmative Action Survey**

Date provided below is voluntary and is not required in order to submit an application for employment. This date will assist the City in analyzing affirmative action statistics.

*Note: This portion of the application will be removed and retained separate from the application files.*

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First M

Date Completed \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

**Race/Ethnic Group**

- Caucasian (White) – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- African-American – All persons having origins in any of the black groups of Africa, as well as those identified as Jamaican, Trinidadian and West India.
- Hispanic (Spanish American) – All persons of Mexican, Puerto Rico, Cuban, Central America, South America or other Spanish culture or origin, regardless of race.
- American Indian and Alaskan Native – All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition, including Eskimos and Aleuts.
- Asian and Pacific Islanders – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent and the Pacific Islands. This includes for example, Chinese, Japanese, Korean, Filipino, East Indian, Pakistani, Samoan, Malaysians, Thais, etc.

**Check any Applicable**

- Vietnam Era Veteran – Any part of military service which was during the period August 5, 1964 through May 7, 1975, with active duty service of more than 180 days and discharged or released with other than a dishonorable discharge or released from active duty because of a service connected disability.
- Disabled Veteran – Discharged or released from military service because of service disability, or rated 30% or more disabled or rated 10 or 20% disabled under 38 U.S.C., Section 1506, to have a serious employment disability.