



APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Position(s) Applied For			Date of Application	
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____
Last Name		First Name		Middle Name
Address	Street	City	State	Zip Code
Home Telephone Number		Cellular Telephone Number		Email Address
Best time to contact you at home is: _____: _____ am / pm				
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, give date: _____				
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, give date: _____				
Do any of your friends or relatives, other than spouse, work here? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, state name, relationship and location _____				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Proof of citizenship or immigration status will be required upon employment.</i>				
Date available for work _____/_____/_____			What is your desired salary range? _____	
Are you available to work: <input type="checkbox"/> Full Time (Please indicate 1 2 3 shift)				
<input type="checkbox"/> Part Time (Please indicate Mornings Afternoon Evenings)				
<input type="checkbox"/> Temporary (Please indicate dates available _____/_____/_____ to _____/_____/_____)				
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No				
WE ARE AN EQUAL OPPORTUNITY EMPLOYER				

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE—Complete in entirety. Do not write “See Resume”.

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Please exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer #1	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary		
Job Title	Start	End	
Supervisor's Name			
Reason for Leaving			May We Contact? Yes No
Employer #2	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate / Salary		
Job Title	Start	End	
Supervisor's Name			
Reason for Leaving			May We Contact? Yes No
Employer #3	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate / Salary		
Job Title	Start	End	
Supervisor's Name			
Reason for Leaving			May We Contact? Yes No
Employer #4	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate / Salary		
Job Title	Start	End	
Supervisor's Name			
Reason for Leaving			May We Contact? Yes No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities held (Exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status).

ADDITIONAL INFORMATION

Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experience)

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

___ YES ___ NO

PROFESSIONAL REFERENCES Do not include family members.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all 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 of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not 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 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 an authorized executive of this organization specifically acknowledges such change in writing.

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



Human Resources Department
10000 East 59th Street
Raytown, Missouri 64133

AUTHORITY FOR RELEASE OF INFORMATION

LAST NAME

FIRST NAME

MIDDLE NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

PLACE OF BIRTH (City, State, County)

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to ANY duly authorized agent of the City of Raytown, where the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, the records of commercial or retail credit agencies (including credit reports and/or ratings), public utility companies, employment and pre-employment records, background reports, efficiency ratings, complaints or grievances filed by or against me, and salary, records, real and personal property tax statements and records and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions; records of complaint of a civil nature made by or against me.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the City of Raytown to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein. I expressly grant authority to any person or persons to confer or discuss with the City of Raytown and its agents any information or data contained in any records, files, or reports that they may have pertaining to me, my personal history and background, however personal or confidential it may appear to be.

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly in whole or part, upon this release authorization will be considered in determining my suitability for employment by the City of Raytown and will not be returned to me.

I agree to indemnify and hold harmless the person to who this request is presented; the business, corporation, government or other agency that he represents; his agents and employees; the City of Raytown and its agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of, or by reason of, complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature _____

Date _____



Human Resources Department
10000 East 59th Street
Raytown, Missouri 64133

VOLUNTARY SELF- IDENTIFICATION
(CONFIDENTIAL – FOR STATISTICAL USE ONLY)

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protect by federal, state or local law. The information below will be used on in the compilation of data for affirmative action reporting.

Completion of this data is voluntary and WILL NOT affect your opportunity for employment or terms or conditions of employment, if hired. Identification can be declared at any time prior to or, if applicable, after hire. Please return this page with your application.

PLEASE COMPLETE IN FULL:

Date: _____ Position applied for: _____

Name (please print): _____

Sex: _____

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify)

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race
- White (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Black or African American (not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – A person having origins to any of the people of Hawaii, Guam, Samoa, or other Pacific Islands
- Asian (not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam
- American Indian or Alaska native (not Hispanic or Latino) – A person having origins in any of the original people of North and South American (including Central America), and who maintain tribal affiliation or community attachment
- Two or More Races (not Hispanic or Latino) – All persons who identify with more than one of the above five races
- Race Missing or Unknown – Applies to Applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant

PERSONAL AND CONFIDENTIAL
This page contains sensitive information used for EEO reporting and will be maintained separately from employment applications