



EMPLOYMENT APPLICATION

213 N. Main
 Republic, MO 65738
 Phone: (417) 732-3110
 Fax: (417) 732-3149
 www.republicmo.com

NAME:

The City of Republic is an equal opportunity employer and it is the policy of the City that all employment applicants be given fair and equal consideration, regardless of race, religion, color, gender, age, sexual orientation, disability, veteran status, or national origin, except that minimum age limits imposed by law are to be observed. If selected for employment, a prospective employee must provide satisfactory references for the City and meet our applicable pre-employment qualifications.

Applicants requiring disability-related accommodations for interviews should request them in advance. Individuals with disabilities should request reasonable accommodations in accordance with the Americans with Disabilities Act.

Are you a United States citizen? Yes No

If you are not a citizen, give the number of your permanent resident card, work permit, or employment authorization card (provide copy of front and back of card): # _____ Expiration Date: _____

In accordance with Missouri House Bill 1549, the City of Republic will use the e-Verify process to confirm the identity and employment eligibility of each employee hired after January 1, 2009.

POSITION APPLYING FOR:

Date: _____ Position Applied For: _____

Date Available for Employment: _____

Where did you hear about the position: _____

Last Name	First Name	Middle Name	
Address	City	State/Zip Code	Other last name(s) used
County	Home Phone	Work Phone	E-Mail Address
VETERAN'S INFORMATION	Have you ever served on active duty (exclude training as a reservist or guardsman) in the U.S. military service? Yes <input type="checkbox"/> No <input type="checkbox"/> Branch _____		Serial # _____ Dates of Service _____ _____
LICENSE OR REGISTRATION	Issued by	Expiration Date	
DRIVER'S LICENSE #			
COMMERCIAL DRIVER'S LICENSE			
A B C			
CDL ENDORSEMENTS			
PROFESSIONAL LICENSE			
TRADE LICENSE			
TRADE LICENSE			

EMPLOYMENT HISTORY: In the space below, list your complete record of employment for the **PAST TEN YEARS** and any other relevant **work/volunteer** experience. Start with your present or most recent position and continue in descending order. List positions in the order you held them. List periods of unemployment. If the vacancy announcement includes an experience requirement, **be sure to clearly show you meet such requirement.** If more space is needed, attach separate sheet.

Employed by:	Your Job Title	
Address	CDL Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
City & State	Your Duties	
Supervisor	Phone	
Supervisor's Title		
Employed From(Mo/Yr)	To (Mo/Yr)	
Salary upon Leaving \$	Hr/Wk/Mo/Yr (circle one)	Avg hrs. worked per wk _____
Why did you leave:		

Employed by:	Your Job Title	
Address	CDL Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
City & State	Your Duties	
Supervisor	Phone	
Supervisor's Title		
Employed From(Mo/Yr)	To (Mo/Yr)	
Salary upon Leaving \$	Hr/Wk/Mo/Yr (circle one)	Avg hrs. worked per wk _____
Why did you leave:		

Employed by:	Your Job Title	
Address	CDL Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
City & State	Your Duties	
Supervisor	Phone	
Supervisor's Title		
Employed From(Mo/Yr)	To (Mo/Yr)	
Salary upon Leaving \$	Hr/Wk/Mo/Yr (circle one)	Avg hrs. worked per wk _____
Why did you leave:		

Employed by:	Your Job Title	
Address	CDL Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
City & State	Your Duties	
Supervisor	Phone	
Supervisor's Title		
Employed From(Mo/Yr)	To (Mo/Yr)	
Salary upon Leaving \$	Hr/Wk/Mo/Yr (circle one)	Avg hrs. worked per wk _____
Why did you leave:		

Employed by:	Your Job Title	
Address	CDL Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
City & State	Your Duties	
Supervisor	Phone	
Supervisor's Title		
Employed From(Mo/Yr)	To (Mo/Yr)	
Salary upon Leaving \$	Hr/Wk/Mo/Yr (circle one)	Avg hrs. worked per wk _____
Why did you leave:		

ADDITIONAL INFORMATION:	
Are you now or have you ever been employed by the City of Republic? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what position(s) _____	Other name you may have applied under: _____
Are you 18 years of age or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>
May we contact your present employer NOW regarding your qualifications, character, etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been fired or asked to resign from any job during the past five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you employed now?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you work overtime if asked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to relocate to the Republic area if necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION Show dates, full or part time, quarter or semester hours and degree received. Indicate major and minor hours. The City of Republic requires all full-time employees have a minimum of a High School diploma or equivalent.

High School Name / Address		Diploma Rec'd. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business/Trade Name / Address	Total Hours ____qtr ____sem	Certif Rec'd. Yes <input type="checkbox"/> No <input type="checkbox"/>	Course Taken	Hrs Major ____qtr ____sem
College Name / Address	Total Hours ____qtr ____sem	Degree Rec'd. Yes <input type="checkbox"/> None <input type="checkbox"/>	Major	Hrs Major ____qtr ____sem
College Name / Address	Total Hours ____qtr ____sem	Degree Rec'd. Yes <input type="checkbox"/> None <input type="checkbox"/>	Major	Hrs Major ____qtr ____sem
College Name / Address	Total Hours ____qtr ____sem	Degree Rec'd. Yes <input type="checkbox"/> None <input type="checkbox"/>	Major	Hrs Major ____qtr ____sem

If you did not complete High School but chose to pursue your GED instead, please complete the following:	GED Certificate Number	Date Test Taken	Place Test Taken
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SPECIALIZED TRAINING:

ADDITIONAL INFORMATION Related to why you think you have the qualifications for this position.

SKILLS INVENTORY - CHECK THOSE SKILLS WHICH YOU HAVE ACQUIRED

Clerical	Technical	Mechanical
<input type="checkbox"/> Typing WPM _____	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Truck Driver
<input type="checkbox"/> Speed Writing/Shorthand WPM _____	<input type="checkbox"/> Emergency Medical Technician	<input type="checkbox"/> Backhoe/Loader
<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Photography	<input type="checkbox"/> Front End Loader
<input type="checkbox"/> Filing	<input type="checkbox"/> Other	<input type="checkbox"/> Snow Plow
<input type="checkbox"/> General Accounting		<input type="checkbox"/> Welding <input type="checkbox"/> Electrical
<input type="checkbox"/> Payroll		<input type="checkbox"/> Carpentry
<input type="checkbox"/> Other		<input type="checkbox"/> Vehicle Maintenance
		<input type="checkbox"/> Concrete Work
		<input type="checkbox"/> Farm Tractor

REFERENCES

LIST BELOW THREE UNRELATED REFERENCES, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.				
NAME	ADDRESS	POSITION	YEARS KNOWN	PHONE NUMBER

ARE YOU RELATED TO ANY ***FULL-TIME*** EMPLOYEE CURRENTLY EMPLOYED BY THE CITY OF REPUBLIC?

_____ No _____ Yes If yes, please list the employee's name, relationship to you, and department (if known).

Employee's Name	Relationship to You	Department
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Employee's Name	Relationship to You	Department
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Name: _____

(Please Print)

Please state why you are interested in this position with the City of Republic and what steps you have taken to prepare yourself for this career choice. Please submit your response in long hand (no typing) and limit it to the space provided below. In addition, you are to complete the task solely on your own without assistance from anyone else.

Handwriting lines for response

(Signature of Applicant)

AUTHORIZATION

Please read the statements below *carefully*. Your signature indicates that you fully understand and agree to the provisions of each statement.

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, regardless of when discovered by the City of Republic. Any information obtained through former employers and/or personal references will become property of the City of Republic and will be considered confidential. I understand all application materials and supplemental information submitted will not be returned to me or any requesting agency. I waive any claims for the right to review and/or copy any information obtained through investigation of my character and employment history. I release the City of Republic from any liability or damage caused by giving and receiving information or opinions as to my employment or character.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the City of Republic. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the City of Republic unless made in writing.

If I am offered employment, I agree to submit to a drug test within two business days of notification and medical examination (if required) before beginning employment. If employed, I also agree to submit to a drug test or medical examination (if required) at any time deemed appropriate by the City of Republic and as permitted by law. I consent to such examinations and tests and I request that the examining doctor disclose to the City of Republic the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by the law, is contingent upon satisfactory medical examinations and drug test.

If hired, I agree to abide by all City of Republic work rules, policies and procedures. The City of Republic retains the right to revise its policies or procedures, in whole or in part, at any time.

If you are to be hired by the City of Republic, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you are unable to comply with these requirements.

Signature of Applicant _____ Date _____

PARENTAL CONSENT FOR MINORS

If the applicant is under 18 years of age, parental consent is required to conduct the pre-employment substance abuse test, random substance abuse testing during their employment and/or background investigation.

By signing below, I authorize the City of Republic and their authorized agents to conduct a pre-employment substance abuse test, random substance abuse testing as required and/or a background investigation on my minor child as required for employment.

Signature of Parent /
Legal Guardian _____ Date _____

Print Name of Parent/
Legal Guardian _____