CITY OF OSBORN, MISSOURI

Employment Application

Applicant Information									
Full Name:								Date:	
	Last First				M.I.				
Address:	Street Address							Apartment/Unit ‡	4
	Street Address							Apartmenvonit +	t
	 City						State	ZIP Code	
Phone:					Email				
Date Available: Social Sec							d Salary: \$		
								ı Salaiy. <mark>Ψ</mark>	
Position App	olied for:								
Are you a citizen of the United States?		ites?	YES	NO	YES If no, are you authorized to work in the U.S.?				
Have you ev	ver worked for this cor	npany?	YES	NO	If yes,	when?_			
Have you ever been convicted of a felony?									
If yes, expla	in:								
Are there any reasons for which you might not be able to perform any job duties (with YES NO				If yes, ple	-	ain.			
a reasonasie assermineaalien).							A		
Driver's Lice	ense #			State				Any violations?	
				Edu	ıcation				
High School	l:			Addres					
From:	To:	Di	d you g	raduate	YES e? 🔲	NO	Diploma::		
College:				Addres	s:				
From:	To:	Di	d you g	raduate	YES	NO	Degree:		
Other:				Addres	s:				
From:	To:	Di	d you gı	raduate	YES	NO	Degree:		

	Refere	nces			
Please list three professional reference	es. Do not list people	e who you	are relate	d to.	
Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
	Previous En	nplovme	nt		
Please give accurate, complete full-time				ith present or most recent em	nployer.
Company:				Phone:	
A deline a c :				Phone:Supervisor:	
Job Title:	Starting Salary:				
Responsibilities:					
		YES	NO		
May we contact your previous superviso	or for a reference?				
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting Salary:\$			Ending Salary:\$	
Responsibilities:					
May we contact your previous superviso	or for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	

Job Title:	Starting Salary:		Ending Salary:	
Responsibilities:				
From: To:	Reason	for Leaving:		
May we contact your previous supervisor for a re	YES ference?	NO		
	Military Service			
Branch:		From:	To:	
Rank at Discharge: Type of Discharge:				
If other than honorable, explain:				
Disc	claimer and Signa	ature		
I certify that my answers are true and complete	e to the best of my k	nowledge.		
If this application leads to employment, I under interview may result in my release.	rstand that false or r	nisleading info	rmation in my application or	
I understand that acceptance of an offer of ememployer to continue to employ me in the future		create a contra	actual obligation upon the	
I understand that the City will complete a person	onal background che	eck, I authorize	e you to do so.	
Signature:			Date:	

Please complete and drop-off or mail or fax or email a copy of this form to:

City of Osborn Attn: Jody Barlow, City Clerk 151 W. Georgie, PO Box 67 Osborn, MO 64474 Phone: (816)675-2239 Fax: (816)675-2239

Email: clerk@cityofosborn.com