

# CITY OF OSBORN, MISSOURI

## Employment Application

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
LastFirstM.I.

Address: \_\_\_\_\_  
Street AddressApartment/Unit #

\_\_\_\_\_

CityStateZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

Are there any reasons for which you might not be able to perform any job duties (without a reasonable accommodation)? YES  NO  If yes, please explain. \_\_\_\_\_

Driver's License # _____	State _____ Any violations? _____
CDL License? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Circle One)</small>	Driver's License Endorsements? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Circle One)</small> List: _____
Drinking Water License? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Circle One)</small> License # _____	Distribution License? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Circle One)</small> License # _____
Sewer License? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Circle One)</small> License # _____	OSHA Training? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Circle One)</small>

## Education

High School:		Address:	
--------------	--	----------	--

From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma::	
-------	--	-----	--	-------------------	---------------------------------	--------------------------------	-----------	--

College:		Address:	
----------	--	----------	--

From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
-------	--	-----	--	-------------------	---------------------------------	--------------------------------	---------	--

Other:		Address:	
--------	--	----------	--

From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
-------	--	-----	--	-------------------	---------------------------------	--------------------------------	---------	--

## References

*Please list three professional references. Do not list people who you are related to.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

## Previous Employment

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor 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 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 reference? YES  NO

**Previous Experience or Qualifications (Ex. Electrical, plumbing, equipment)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Military Service**

Branch:		From:		To:	
---------	--	-------	--	-----	--

Rank at Discharge:		Type of Discharge:	
--------------------	--	--------------------	--

If other than honorable, explain:	
-----------------------------------	--

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.*

*I understand that the City will complete a personal background check, I authorize 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](mailto:clerk@cityofosborn.com)**