



# CITY OF SEDALIA

## Application for Employment

If you have taken the NCRC test and have a certificate level, please indicate color below:

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<b>Position Applying For:</b>
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APPLICANT INFORMATION			
Last Name:	First:	M.I.	Date:
Street Address:		Apartment/Unit#	
City:	State:	Zip:	
Phone: (    )		E-mail Address:	
Date Available:	Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time    Desired Salary \$		
Are you authorized to work in the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever worked for the City?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Department:	Year(s):
Are you related to any City employee(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Relative:	

EDUCATION		
High School:	Address:	
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
College:	Address:	
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
Other:	Address:	
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:

REFERENCES	
<i>Please list three references:</i>	
Full Name:	Relationship:
Company:	Phone: (    )
Address, City, State, Zip:	
Full Name:	Relationship:
Company:	Phone: (    )
Address, City, State, Zip:	
Full Name:	Relationship:
Company:	Phone: (    )
Address, City, State, Zip:	

**PREVIOUS EMPLOYMENT***Please list three most recent positions, beginning with the most recent.*

Company:		Phone: (    )	
Address:	City, State, Zip:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities			
From:     /     to     /	Reason for Leaving:		
May we contact your previous supervisor for a reference?    Yes <input type="checkbox"/> No <input type="checkbox"/>			

Company:		Phone: (    )	
Address:	City, State, Zip:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:     /     to     /	Reason for Leaving:		
May we contact your previous supervisor for a reference?    Yes <input type="checkbox"/> No <input type="checkbox"/>			

Company:		Phone: (    )	
Address:	City, State, Zip:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities			
From:     /     to     /	Reason for Leaving:		
May we contact your previous supervisor for a reference?    Yes <input type="checkbox"/> No <input type="checkbox"/>			

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of information made by me in this application or any other documentation submitted for consideration of my employment will be sufficient cause for immediate discharge regardless of length of employment. I further understand that failure to complete this application in its entirety may be cause for my application to be disqualified from consideration. Applicants may request any needed accommodation to participate in the application process.

In consideration of my employment, I agree to conform to the policies and procedures of the City of Sedalia, Missouri. Any employment and compensation can be terminated or changed with or without cause, and with notice at any time, at the option of the City of Sedalia.

I hereby authorize the City of Sedalia, Missouri to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such confident information. I further agree that the City of Sedalia may furnish like information to those with whom I may hereafter seek employment and agree to save the City of Sedalia free and harmless from any and all liability thereof.

Signature	Date
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***The City of Sedalia, Missouri is an equal opportunity employer. It is the policy of the City of Sedalia to recruit, hire and promote employees in a manner which does not discriminate against any individual because of race, religion, national origin, sex, age or disability.***