



CITY OF ADRIAN Employment Application

16 East 5th Street, PO Box 246, Adrian, MO 64720

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative at City Hall.

Position(s) applied for _____ Date _____

Name _____ Social Security# _____
Last First MI

Address _____
Street City State ZipCode

Home Phone# _____ Mobile Phone # _____ E-mail _____

Have you ever been employed by the City of Adrian before? Yes No

If yes, give dates and positions _____

Are you lawfully authorized to work in the United States? Yes No

Are you able to perform the essential job functions of the job with which you are applying for with or without restrictions? Yes No

Date available for work _____ What is your desired salary range? \$ _____

Type of employment desired? Full -Time Part- Time Temporary Seasonal

Can you work overtime if required? Yes No

Answering 'yes' to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" , "no contest" to, or been convicted of any crime or violation in any court? Yes No

If yes, please provide date(s) and details

Employment Experience-Start with your most recent employer, provide the following information

Employer	Dates Employed	Job Title
Address		
Employer Telephone Number	Compensation Starting \$	Compensation Ending \$
Summarize the type of work performed and job responsibilities.		
Reason for leaving (be specific)		

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Skills and Qualifications

Summarize any special training, skills, development, volunteer experiences, licenses and/or certificates that may assist you in performing the position. for which you are applying. Include computer training hardware/software.

Education

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

Military/Naval Service

Branch of Service	Rank at Discharge	Duties

References

List name and telephone number of three business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Years Known

Applicant Statement

As an applicant for employment with the City of Adrian, Missouri, I certify that all the information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other person, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 180 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any special period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer or employer's representative.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____

DISCLOSURE AND AUTHORIZATION

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The City of Adrian may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation or personal characteristics which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by the City of Adrian or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the City of Adrian and/or its agents to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. Employment may be refused to any individual who is subject to a pending criminal charge, has been convicted of a felony, misdemeanor or other offense, or is not bondable (where bondability is required), if the circumstances of the pending charge or conviction substantially relate to the circumstances of the particular job. Any false information or omission on this application will disqualify you from further consideration for employment and will be grounds for dismissal, if discovered at a later date. You understand and agree that you may be required to take one or more physical examinations, including a drug screen after you have been made a conditional offer of employment. You agree and consent to take such examinations at such times directed by the City, and release the City, its officials, officers, employees and agents from any claim arising in connection with such examinations or their use.

Acknowledgment and Authorization

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand the document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the City of Adrian at any time after receipt of this authorization and throughout any resulting employment with the City of Adrian, if applicable. To this end, I hereby authorize, without reservation, any police department, law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, employer, or insurance company to furnish any and all background information requested by the City of Adrian or other outside organization acting on behalf of the City of Adrian, and/or the City of Adrian itself. I agree that a faxed, electronic or photocopy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

(Required in order to consider your application complete.)

Last Name: _____ First Name _____ MI: _____

(Please type or print)

Other Names/Alias: _____

Social Security Number: _____ Date of Birth: _____

(I understand there is a risk with sending my social security number by email and accept that risk if provided.)

EEOC Notice N-915.043 II states a pre-employment inquiry on the part of the employer for information such as date of birth or age on an application form is not, in itself, a violation of the Age Discrimination in Employment Act (ADEA). The ADEA of 1967 prohibits discrimination in employment on the basis of age.

Driver's License Number _____ State _____ Type Operator CDL/Class _____

The information requested above is used to assist in the completion of a background investigation. The information will be maintained in a limited access file, detached from your application. The information will be used for the sole purpose of identification when conducting a background investigation. The City is fully committed to a policy of hiring without regard to sex, age, color, race, religion, national origin or disability as prescribed by Federal and State laws.

Thank you for your interest in employment with the City of Adrian, Missouri This application can be faxed, mailed or submitted in person at City Hall. To email your signed employment application, please send to cityhall@cityofadrianmo.org