



City of Byrnes Mill

141 Osage Executive Circle
Byrnes Mill, MO 63051

Application of Employment

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP 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? _____

Have you ever been discharged or forced to resign from a position? YES NO If yes, explain? _____

Do you have any relatives now employed by the City of Byrnes Mill? YES NO If yes, who? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Please read carefully before signing

Federal law requires that the City hire only United States citizens and lawfully authorized alien workers. If you are selected for a position with the City of Byrnes Mill, you will be required to comply with the requirements of the Immigration and Naturalization Act of 1986. This law requires you to present documentation of your identity and eligibility of work in the US and to complete a federal I-9 form. This form must be completed on the first day of employment for all employees.

It is the policy of the City of Byrnes Mill not to discriminate on the basis of race, color, religion, national origin, ancestry, sex, gender identity, sexual orientation, age, disability or familial status, or other status protected by law except where specific age or physical requirements constitute a bona fide occupational qualification. The job duties will be reviewed with you to determine your ability to perform the essential functions of the position.

CERTIFICATION OF THE APPLICANT – SEE ALSO SEPARATE SHEET ATTACHED. READ CAREFULLY BEFORE SIGNING.

I certify that all the answers and statements herein contained are true to the best of my knowledge and belief. I understand that any misstatement of material facts, or omission of any material facts, will subject me to possible disqualification or dismissal.

Signature: _____ Date: _____



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CERTIFICATE OF APPLICANT

AUTHORIZATION FOR RELEASE OF INFORMATION (Read carefully before signing)

I, _____, hereby certify that all statements made on or in connection with my application for employment are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements or omission of material facts can cause forfeiture on my part of all rights to employment by the City of Byrnes Mill.

I also do hereby authorize all law enforcement agencies, the Veterans Administration, U.S. Army, U.S. Navy, U.S. Air Force, all military agencies, all federal, state or local government agencies, state and federal tax bureaus, credit bureaus, schools, universities, and current and prior employers, to furnish representatives of the City with any and all available information regarding me in order that they may determine my suitability of employment with the City of Byrnes Mill.

I authorize my present and past employers do discuss my character, integrity and reputation with representatives of the City.

I authorize the release of any and all information regarding my employment, credit, or any other information, whether personal or otherwise, by the persons and entities described herein that may or may not be on their records and release such persons and entities from all liability for any damage whatsoever that may issue from furnishing such information to representatives of the City of Byrnes Mill.

A photo copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant

Date

Month and Day of Birth

Last Four Digits of Social Security Number

Driver's License Number

State of Issuance

