



City of Ozark

Application for Employment

To be filed with the Personnel Office: 205 N. 1st St., P.O. Box 295, Ozark, MO 65721 (417) 581-2407

(PLEASE PRINT IN INK OR TYPE)

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, national origin or handicap status. Title 8, Civil Rights Act of 1964; Civil Rights Act of 1974; Executive Order 11246; Executive Order 12067; Executive Order 11375; Executive Order 12550; Public Law 90-202; Public Law 93-112, As amended prohibit discrimination.

POSITION APPLIED FOR: _____

On what basis are you available for employment? Full Time _____ Part Time _____ Summer _____ Temporary _____

How did you learn of the position? _____

VETERAN'S

Are you a U.S. Veteran? Yes _____ No _____

Dates of active duty: ____ \ ____ \ ____ to ____ \ ____ \ ____

Are you a member of the Reserve or National Guard?
Yes _____ No _____

Have you ever filed an application with the City of Ozark?

Yes _____ No _____
Date ____ \ ____ \ ____

Have you ever been employed by the City of Ozark?

Yes _____ No _____

Are you over the age of 18? Yes _____ No _____

(1) Have you ever been discharged or asked to resign from employment? Yes ___ No ___

(2) Have you ever been convicted of a crime other than a minor traffic violation?
Yes ___ No ___

(3) Do you object to inquiry of your present employer in regard to your character, work record, qualifications or abilities? Yes ___ No ___

IF YOU HAVE ANSWERED "YES" TO QUESTIONS 1-3, PLEASE GIVE PARTICULARS ON SEPARATE SHEET. A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT

(4) It is the policy of the City of Ozark to compensate all non-exempt employees at a premium rate for all hours in excess of the designated work period in the form of compensatory time off or overtime pay. Is this acceptable to you?
Yes ___ No ___

(5) Are you a citizen of the United States? Yes ___ No ___
If no, are you legally permitted to work in this country?
Yes ___ No ___

Type of work permit and number _____
Date Issued ____ \ ____ \ ____

(6) Do you have a social security card? Yes ___ No ___
If you are selected for employment, your social security card must be presented to the Personnel Department before you start work.

IF YOU HAVE ANSWERED "NO" TO QUESTIONS 4-7, PLEASE GIVE PARTICULARS ON SEPARATE SHEET. A "NO" ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.

PRINT OR TYPE

State	Zip	Phone Number	Social Security Number	Telephone No.
Name and phone number of person who will know where you may be contacted.	Street and Number	City	County	Last Name
First Name	Middle Name	() ____ - ____	____ \ ____ \ ____	____ \ ____ \ ____

EMPLOYMENT RECORD

List below, in reverse order the positions you have held starting with your present or most recent employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Be sure to specifically describe each separate assignment in military service.

Present or last employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Total Months Employed _____
Immediate Supervisor _____ Department _____ Full-Time Yes ___ No ___
Title of supervisor _____ Starting Salary \$ _____ Per _____ Part-Time: Indicate Percent _____
Your Title _____ Last Salary \$ _____ Per _____ or No. of Hours _____

Present or last employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Total Months Employed _____
Immediate Supervisor _____ Department _____ Full-Time Yes ___ No ___
Title of supervisor _____ Starting Salary \$ _____ Per _____ Part-Time: Indicate Percent _____
Your Title _____ Last Salary \$ _____ Per _____ or No. of Hours _____

Present or last employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Total Months Employed _____
Immediate Supervisor _____ Department _____ Full-Time Yes ___ No ___
Title of supervisor _____ Starting Salary \$ _____ Per _____ Part-Time: Indicate Percent _____
Your Title _____ Last Salary \$ _____ Per _____ or No. of Hours _____

Present or last employer _____ Date Employed _____
Address _____ City _____ State _____ Date Separated _____
Phone _____ Total Months Employed _____
Immediate Supervisor _____ Department _____ Full-Time Yes ___ No ___
Title of supervisor _____ Starting Salary \$ _____ Per _____ Part-Time: Indicate Percent _____
Your Title _____ Last Salary \$ _____ Per _____ or No. of Hours _____

Do you possess a valid Driver's License? Yes ___ No ___
Do you possess a valid Commercial Driver's License (CDL)? Yes ___ No ___
If yes, what level do you possess? _____
If yes to either or both, what state? _____
License Number _____

List below any special information as to your work record you may deem of value _____

List below office machines you can operate and computer programs you can operate:

If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions: (Journeyman, Electrician, LPN, Waste Water License, etc.)

Name of trade, profession or certification _____ License Number _____
Granted by _____ City and/or State of _____
Specialty _____ Licensed from _____ to _____

List below any in-service training or instruction courses or programs you have completed with the above listed employers. _____

EDUCATIONAL RECORD

GRAMMAR AND HIGH SCHOOL Did you graduate from high school? Yes ___ No ___ Year _____
 Circle last grade completed 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
 Dates of attendance: From _____ To _____
 If you plan to graduate within eight months, please indicate anticipated date: _____
 Name of last school attended _____ High school equivalency certificate? (G.E.D.) Yes ___ No ___
 Location _____ If yes, please submit documented proof.

VOCATIONAL TRAINING (BUSINESS, TRADES, TECHNICAL AND MILITARY SERVICE)

Name and Location	From		To		Number of Hours Attended per Week	Subjects Studied
	Mo.	Yr.	Mo.	Yr.		
Name						
Location						
Name						
Location						

COLLEGE

Name and Location	From		To		Number of Hours Attended per Week	Subjects Studied
	Mo.	Yr.	Mo.	Yr.		
Name						
Location						
Name						
Location						

Did you graduate? Yes ___ No ___ Degree Received _____ Date Received: _____
 Are your employment and educational records under any other name? Yes ___ No ___
 If yes, please provide the name(s): _____
 If you plan to graduate within eight months, please indicate anticipated date _____
 NOTE: If you are applying for a position that requires college education or graduation, please submit a copy of your official college transcript.

Do you have any relatives that are employed by the City of Ozark? Yes ___ No ___
 If yes, provide the name(s): _____

The City of Ozark believes in the principle and practice of equal opportunity, and intends to comply with the letter and spirit of federal, state and local laws and regulations prohibiting discrimination on the basis of race, color, sex, age, religion, national origin or handicap status.

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and correct to the best of my knowledge. They are made voluntarily upon application for employment, and as inducement therefor. I understand that any false statement or information given herein shall be considered sufficient cause for dismissal. I, the undersigned, consent that any former employers, upon request, may give full information relative to my employment by them and reason for termination. I understand and agree that the City of Ozark is under no obligation to reveal to me or any other person the reason for my rejection for employment. I understand that I must physically reapply for employment if I wish to be considered for any other position open at the City of Ozark.

Date _____ Signature of Applicant _____