

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. Under "Specify Duties" emphasize your own specific tasks including kind of work and supervisory, technical or other responsibilities so as to give a clear picture of the duties you have performed. If employ-

DO NOT INDICATE "SEE RESUME", A RESUME MAY BE ATTACHED TO PROVIDE ADDITIONAL OR M

1. Present or last employer _____			Date Employed _____
Address _____	City _____	State _____	Date Separated _____
Phone _____			Total Months Employed _____
Immediate Supervisor _____	Department _____		Full Time? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title of Supervisor _____	Starting Salary \$ _____	Per _____	Part-Time: Indicate Percent _____
Your Title _____	Last or present Salary \$ _____	Per _____	or No. of Hours _____
2. Present or last employer _____			Date Employed _____
Address _____	City _____	State _____	Date Separated _____
Phone _____			Total Months Employed _____
Immediate Supervisor _____	Department _____		Full Time? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title of Supervisor _____	Starting Salary \$ _____	Per _____	Part-Time: Indicate Percent _____
Your Title _____	Last Salary \$ _____	Per _____	or No. of Hours _____
3. Present or last employer _____			Date Employed _____
Address _____	City _____	State _____	Date Separated _____
Phone _____			Total Months Employed _____
Immediate Supervisor _____	Department _____		Full Time? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title of Supervisor _____	Starting Salary \$ _____	Per _____	Part-Time: Indicate Percent _____
Your Title _____	Last Salary \$ _____	Per _____	or No. of Hours _____
4. Present or last employer _____			Date Employed _____
Address _____	City _____	State _____	Date Separated _____
Phone _____			Total Months Employed _____
Immediate Supervisor _____	Department _____		Full Time? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title of Supervisor _____	Starting Salary \$ _____	Per _____	Part-Time: Indicate Percent _____
Your Title _____	Last Salary \$ _____	Per _____	or No. of Hours _____
5. Present or last employer _____			Date Employed _____
Address _____	City _____	State _____	Date Separated _____
Phone _____			Total Months Employed _____
Immediate Supervisor _____	Department _____		Full Time? Yes <input type="checkbox"/> No <input type="checkbox"/>
Title of Supervisor _____	Starting Salary \$ _____	Per _____	Part-Time: Indicate Percent _____
Your Title _____	Last Salary \$ _____	Per _____	or No. of Hours _____
6. Present or last employer _____			Date Employed _____
Address _____	City _____	State _____	Date Separated _____
Phone _____			Total Months Employed _____
Immediate Supervisor _____	Department _____		Full Time? Yes <input type="checkbox"/> No <input type="checkbox"/>
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 use a Typewriter? Yes No Speed _____

Do you possess a valid Commercial Driver's License(CDL)? Yes No Do you operate a computer? Yes No Speed _____

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 computer programs you are comfortable working with.

List below office machines you can operate.

RECORD

ment included supervisor responsibilities, give number and type of employees supervised. Give as complete information as possible. If you have more than six (6) separate periods of employment, fill out blank sheet in the same form as that outlined below and attach. Indicate reason for leaving employment, i.e., Resigned, Dismissed, Layoff, etc.

DETAILED INFORMATION, BUT WILL NOT BE ACCEPTED IN LIEU OF COMPLETING THIS SECTION.

Specific Duties: _____

Reason for Leaving: _____

Specific Duties: _____

Reason for Leaving: _____

Specific Duties: _____

Reason for Leaving: _____

Specific Duties: _____

Reason for Leaving: _____

Specific Duties: _____

Reason for Leaving: _____

Specific Duties: _____

Reason for Leaving: _____

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: (EMT, Post Certification, 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.

POLICE APPLICANTS ONLY

Have you completed a State-Certified Law Enforcement Academy

Yes No Date Completed _____

FIRE APPLICANTS ONLY

Have you completed the following:

Firefighter I _____ Date _____

Firefighter II _____ Date _____

EMT-D _____ Date _____

EDUCATIONAL RECORD

GRAMMAR AND HIGH SCHOOL

Circle last grade completed: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Name of last school attended _____

Location _____

Did you graduate from high school? : Yes No

If no, do you have a high school equivalency certificate?

(G.E.D.) Yes No

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						

UNIVERSITY AND COLLEGE (UNDERGRADUATE, GRADUATE, DOCTORATE)

Name and Location	From		To		Total Semester Hours	Total Quarter Hours	Major Field and Number of Hours	Minor Field and Number of Hours
	Mo.	Yr.	Mo.	Yr.				
Name								
Location								
Name								
Location								
Name								
Location								

Did you graduate? Yes No Specify 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 _____

Please submit a copy of your official college transcript.

Do you have any relatives that are employed by the City of Webb City? _____

If yes, provide the name(s) _____

The City of Webb City believes in the principle and practice of equal employment 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. Any examining doctors, hospitals (public, private, state and including the United States Veterans Administration), may give the City of Webb City any information or data as the results of any examinations made. The undersigned hereby releases any and all such persons or institutions from any liability by reason of giving such information. I understand and agree that the City of Webb City 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 Webb City.

Date _____ Signature of Applicant _____

Any applicant who feels discriminated against in his/her opportunity for employment shall have the right to appeal the alleged discriminatory treatment. Such an appeal must be submitted in writing (or verbally) to the Office of City Clerk, 200 S. Main St., Webb City, Missouri 64870.

The City Clerk's office hours are 8:00 a.m. to 5:00 p.m. Monday through Friday. Applications are only accepted for current openings.