



**Military Service Information**

Have you ever served in the United States Armed Forces: \_\_\_Yes \_\_\_No If Yes, please list length of service:

Service years-\_\_\_\_\_, months \_\_\_\_\_ List special skills / abilities acquired:\_\_\_\_\_

**Education**

	<u>Name and Address Of School Attended</u>	<u>Number of Years Attended</u>	<u>Did you Graduate?</u>	<u>Type of Degree/Diploma Received or Expected</u>	<u>Major/Minor Fields of Study</u>
HIGH SCHOOL			Y / N GPA:		
COLLEGE / UNIVERSITY			Y / N GPA:		
OTHER			Y / N GPA:		

List honors, awards, and scholarships received:\_\_\_\_\_

**References:**

Please list names, addresses, and phone numbers of three persons familiar with your character, abilities, or education for more than one year. (Do NOT list names of friends or relatives)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Employment Record**

List all employment history, beginning with your current or most recent position. Please attach a separate sheet if necessary.

Company Name and Address / Telephone Number \_\_\_\_\_

Position / Title / Responsibilities \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Length of Employment \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name and Address / Telephone Number \_\_\_\_\_

Position / Title / Responsibilities \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Length of Employment \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name and Address / Telephone Number \_\_\_\_\_

Position / Title / Responsibilities \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Length of Employment \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name and Address / Telephone Number \_\_\_\_\_

Position / Title / Responsibilities \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Length of Employment \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Notice of Pre-Employment Physical / Testing**

The City of Union is committed to maintaining a drug-free workplace; therefore, all candidates for employment (applicants to whom a contingent offer of employment has been made) are required to complete a medical examination, including testing for drug and alcohol use, by a physician of the City of Union's choice. An offer of employment is contingent upon a candidate's submission to and successful completion of the medical exam and test.

**Acknowledgement by Applicant**

Following a contingent offer of employment, I hereby agree to undergo the pre-employment physical and drug/alcohol test. I understand that the results of such a test will be disclosed only to the City of Union's City Administrator, Personnel Director, and potential Supervisor, or as required by law. I understand that if I refuse to consent to testing, fail to provide a urine sample when requested, provide a false or tampered urine sample, or fail to successfully complete the physical or drug/alcohol test, I will not be hired in accordance with the City of Union's policy.

Permission is granted to the City of Union to conduct an investigation and to solicit information as to my education and employment history, character and general reputation, and criminal conviction record. I release City of Union and all persons or organizations from any liability arising from such statements, their solicitation or use.

I understand that this employment application and any other company documents are not contracts of employment. I acknowledge that if hired, my employment would not be for any definite period or succession of periods and is considered an at-will arrangement. This means that I am free to terminate my employment at any time for any reason, as is the City of Union, so long as there is no violation of applicable federal or state law. I understand that no representative of the City of Union has the authority to offer or to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. If terminated, I authorize the City of Union to deduct, to the extent permitted by law, any amount which I may owe to the City of Union from any amount which may be owed me.

I certify that all statements made by me on this application are true and correct to the best of my knowledge and belief. I understand that any false, inaccurate, or omitted statements of a material fact could be a cause for rejection of my application or termination of my employment at any time.

I have read, understand, and by my signature consent to the above statements.

\_\_\_\_\_  
Signature of Applicant

**Valid Missouri Driver's License Required**

Do you have a valid Missouri driver's license? YES [ ] NO [ ]

CDL? YES [ ] Class \_\_\_\_\_ NO [ ]