

# City of Battlefield Employment Application Form

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE



## APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES ALL PAGES. DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Any \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When are you available to begin work? \_\_\_\_\_

Ever applied to this company before? \_\_\_\_\_ When? \_\_\_\_\_

Name of Last Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

OFFICE ONLY

Typing  Yes  No \_\_\_\_\_ WPM  
10-key  Yes  No \_\_\_\_\_  
Word Processing  Yes  No \_\_\_\_\_ WPM  
Personal Computer  Yes  No PC  Mac  Other \_\_\_\_\_  
Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer _____ Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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APPLICATION FOR EMPLOYMENT

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		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

**AUTHORIZATION**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

THANK YOU FOR YOUR INTEREST IN OUR CITY!

## QUESTIONS OFTEN ASKED ABOUT CRIMINAL HISTORY RECORDS

### WHAT IS CRIMINAL HISTORY RECORD INFORMATION (CHRI)?

Criminal history record information is defined by statute as information collected by criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrests, detentions, indictments, information, or other formal criminal charges, and any disposition arising therefrom, sentencing, correctional supervision, and release.

The patrol further describes CHRI as being in one of three categories: open records, closed records, and incomplete records. *Open records* are records of convictions, pending charges, and suspended impositions of sentence during the term of probation. *Incomplete records* are created when an arrest is reported, no disposition information is received within 30 days, and the status of the record is unknown. State statutes require these records to be closed. *Closed records* include incomplete records, records of suspended imposition of sentence upon termination of probation, arrests over 30 days old where charges have not been filled, the accused is found not guilty, or the charges were nolle prossed (not prosecuted) or dismissed.

### WHAT CHRI IS AVAILABLE?

It depends on the reason for obtaining the record. Generally, open records are public records and are distributed without restrictions. Incomplete records and closed records have limited use.

### WHO MAY RECEIVE CHRI?

Any requestor may receive open record information. Closed records are accessible by the following:

1. Criminal justice agencies and some federal agencies
2. Child care agencies
3. Facilities as described in Section 198.006, RSMo., which include nursing homes and related facilities
4. in-home service provider agencies as defined in 660.250, RSMo.

### HOW MAY THESE AGENCIES USE CLOSED CHRI?

Closed records may be used for purposes of prosecution, sentencing, parole consideration, criminal justice employment, and nursing home employment, and may be used only for the purpose obtained. CHRI status can change at any time and should not be used if over 30 days old.

*(The receiver of closed records may wish to consult an attorney concerning the use or disclosure of closed record information.)*

### WHAT ARE THE CENTRAL REPOSITORY'S DISSEMINATION POLICIES?

Open records will be disseminated based on a search using name identification information only for a fee of \$5.00. For positive identification, fingerprints can be submitted for a processing fee of \$14.00.

Closed records and incomplete records will not be disseminated without the submission of fingerprints to assure positive identification. Blank fingerprint cards are available, free of charge, from the Central Repository.

*(It is the responsibility of the requestor to inform the Central Repository what records are desired and to provide the information necessary to conduct the appropriate search.)*

**REQUEST FOR CRIMINAL RECORD CHECK** Reference No. \_\_\_\_\_

*(office use only)*

SHP-158D      12/03      ~Please print or type~

Name (last, first, middle) \_\_\_\_\_

(Maiden/Alias) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex     male     female    Race \_\_\_\_\_    Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

*I authorize the release of any criminal history record information to the requestor.*

Signature (optional) \_\_\_\_\_

*It is the responsibility of the requestor to inform the Central Repository of the records that are desired and to provide the information necessary to conduct the appropriate search. See attached copy for details.*

**PURPOSE**

Employment:    Child Care    Nursing Home    Home Health Care    Other Employment    Licensing  
                                                                               

Other (specify) \_\_\_\_\_

SEND REPLY TO \_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (include area code) \_\_\_\_\_

**PROCESSING FEE SCHEDULE AND METHOD OF PAYMENT**

(Per Sections 43.527 and -530, RSMo.)

Search based on name, date of birth, social security no.: \$5.00 per individual

Search based on fingerprints and name: \$14.00 per individual

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Fee is payable either by check, warrant, or money order to "State of Missouri, Criminal Record System."

Please forward the request and fee to:

**Missouri State Highway Patrol**  
Criminal Records and Identification Division  
Post Office Box 568  
Jefferson City, Missouri 65102