



City of Battlefield
 5434 S. Tower Drive
 Battlefield, Missouri 65619
 (417) 883-5840 phone
 (417) 883-8189 fax
 www.battlefieldmo.gov

Application for Employment

Applicant may be tested for illegal drugs

Date _____

Personal Information

Last Name	First	Middle
Phone No.	Social Security No.	
Physical Address	City, State, Zip	
Email		

Position

Desired Position		Desired Salary
Full-time	Part-time	Nights
Weekends	Holidays	Date you can start _____
Typing WPM _____		
Are you familiar with Word?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Excel? <input type="checkbox"/> No <input type="checkbox"/> Yes
		Access? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you employed now?	<input type="checkbox"/> No <input type="checkbox"/> Yes	May we contact your present employer? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you available for an online interview via Facetime or Skype? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If so how may we contact you? _____		

General Information

Are you a citizen of the United States?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you or your spouse ever been in the Armed Forces?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have a driver's license?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you had any moving violations during the past three years?		How Many? _____
Have you had any accidents during the past three years?		How Many? _____

Education

High School	Location	Did you graduate	
College	Location	Years Completed	Major & Degree
Trade, Business or Correspondence School	Location	Years Completed	Major & Degree

Work History

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.

May we contact your previous supervisor for a reference? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Employer	Address	Phone No.	From	To
Supervisor	Job Title	Salary	Reason for leaving	
Job duties				
May we contact your previous supervisor for a reference? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Employer	Address	Phone No.	From	To
Supervisor	Job Title	Salary	Reason for leaving	
Job duties				
May we contact your previous supervisor for a reference? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Employer	Address	Phone No.	From	To
Supervisor	Job Title	Salary	Reason for leaving	
Job duties				

Reference

Please list three reference, other than relative, or previous employers			
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position of which you are applying.

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!

For current opening visit our website at www.battlefieldmo.gov

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, gender, religion, disability, or national origin.