

# City of Desloge

Application for Employment  
Please Print in Ink or Use Typewriter

Position applied for: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## Education

Check highest grade completed.

1 2 3 4 5 6 7 8 9 10 11 12

If you did not complete high school, do you have a high school equivalency diploma?

Yes No

Check number of years of post high school education.

1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Dates Attended

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

\_\_\_\_\_  
Do you have a relative or relatives employed by the City either appointed or elected?

\_\_\_\_\_  
If yes, list name(s) and relationship. \_\_\_\_\_

\_\_\_\_\_  
Have you ever worked for this city? Yes No

If YES, in what capacity? \_\_\_\_\_

Do you have a valid drivers license? Yes No License # \_\_\_\_\_

Are you a Veteran? Yes No Type of Discharge \_\_\_\_\_

Have you ever been convicted for any violations(s) of law, including moving traffic violations.

Yes No

If YES, please provide a description of the offense.

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### Experience

Starting with the most recent, describe ALL paid, military and applicable voluntary experience. You may list significantly different jobs within the same organization as separate items. You may also use extra sheets of paper if needed. May we contact your present supervisor? Yes No

Job Title _____ Employer _____ Address _____ Phone _____ Immediate Supervisor	Dates Employed From: _____ To: _____ Reason for leaving: _____ _____ _____	Duties _____ _____ _____ _____
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**References**

List names, addresses and relationships of three persons not related to you who know your qualifications.

Name	Address	Phone	Relationship

**Certification**

I hereby certify that all entries on this form are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the City of Desloge. I understand that all information on this application is subject to verifications and I consent to release of any information from police and court records to the City of Desloge, Missouri. I also consent to references and former employers and educational institutions listed being contacted regarding this application.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

AUTHORIZATION FOR ANNUAL REVIEW OF DRIVER'S LICENSE CHECK

I, \_\_\_\_\_, an employee/volunteer of the City of Desloge, hereby authorize the City of Desloge to check my driving record. I understand this is a condition of my employment with the City of Desloge.

Driver's License Number: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

Witness: \_\_\_\_\_

Copies:

1. Original – Employee's Personnel File
2. Employee Copy