



CITY OF GLADSTONE
APPLICATION FOR EMPLOYMENT
(An Equal Opportunity Employer)

In keeping with our commitment to maintain a drug and alcohol-free workplace, applicants may be required to submit to a urinalysis as part of our pre-employment screening process.

PERSONAL INFORMATION				
Date:				
Name: Last		First	Middle	
Present Address:	Street	City	State	Zip
Permanent Address:	Street	City	State	Zip
Email Address:		Phone Number(s):		
Home:		Cell/Pager:	May we call you at work? <input type="checkbox"/> yes <input type="checkbox"/> no	
Best Time to contact you is at _____		at _____ am/ pm		

Are you 18 years or older? yes no Are you willing to travel if position requires? yes no

For Public Safety Officer Applicants Only: Are you 21 years or older? yes no

Are you lawfully authorized to work in the United States? yes no
Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of, or pled guilty or Nolo Contendere to a felony or misdemeanor?* yes no
 If you answered yes, please describe:

DATE	OFFENSE	SENTENCE & LOCATION

**Conviction will not automatically disqualify you from employment consideration. We will consider the nature of the offense in relation to the job for which you are applying.*

Are you related to anyone currently employed by the City of Gladstone OR now serving on City Council? yes no

List name and relationship: _____

EMPLOYMENT DESIRED			
Job(s)/Position(s):		Date you can start:	Salary desired:
Are you employed now? <input type="checkbox"/> yes <input type="checkbox"/> no	If so, may we inquire of your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you willing to work a rotating shift? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever applied to this City before? <input type="checkbox"/> yes <input type="checkbox"/> no	When?	Which Department?	Are you available to work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal

EDUCATION

	Name and Location of School	Years Completed?	Diploma/Degree?	Course of Study
High School		XXXXXXXXXXXX		
Undergraduate College				
Graduate/Professional				
Other:				

GENERAL

Please list any special training or skills you have acquired that would be of benefit in the job for which you are applying:

EMPLOYMENT HISTORY (List last three employers, starting with the last one first)

Dates Employed: Month and Year	Name and Address of Employer	Phone Number	Hourly Rate/Salary	Job Title/Position
From:				
To:				
Reason for Leaving:				
From:				
To:				
Reason for Leaving:				
From:				
To:				
Reason for Leaving:				

BUSINESS REFERENCE (List the names of three persons who you have known at least one year. Do not include family members)

Name	Business	Phone Number	Address	Years Known

I certify that the statements contained in this application are true and complete to the best of my knowledge. I understand that, if hired, false or misleading information given in my application, resume or interview(s) may result in immediate discharge.

I authorize the City to verify all statements contained in the application for employment and to make reference and background checks as its representatives deem necessary. You are hereby authorized to make any investigation of my personal character, academic record or employment history, and I release all parties from any claim arising in connection with their giving the same to you.

I understand and agree that I may be required to take one or more physical examination, including drug and alcohol screens, as a condition of hiring or continued employment. I agree to consent to take such examination(s) at such times as designated by the City, and I release the City, its directors, officers, employees, or agents from any claim arising in connection with such examination(s) or their use.

I further understand that if I am employed, I will be an "at will" employee, free to resign without notice or be terminated without notice. I understand no City representative, other than the City Manager, has authority to alter this status except by express written contract, which is signed by the City Manager.

Date _____ Signature _____

**GLADSTONE DEPARTMENT OF PUBLIC SAFETY
PERSONAL HISTORY STATEMENT
EQUAL OPPORTUNITY EMPLOYER**

GENERAL INSTRUCTIONS: HAND PRINT OR TYPE AN ANSWER TO EVERY QUESTION. IF QUESTION DOES NOT APPLY TO YOU, SO STATE WITH N/A. IF SPACE AVAILABLE IS INSUFFICIENT, USE A SEPARATE SHEET OF PAPER AND PRECEDE EACH ANSWER WITH THE NUMBER OF THE REFERENCED BLOCK. DO NOT MISSTATE OR OMIT MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT.

Social Security #:

POSITION APPLYING FOR:			DATE:	
1. LAST NAME:	FIRST NAME:	MIDDLE NAME:	2. MALE	FEMALE
			<input type="checkbox"/>	<input type="checkbox"/>
3. ALIAS(ES), NICKNAME(S), MAIDEN NAME, OTHER CHANGES IN NAME:				
4. PRESENT RESIDENCE ADDRESS: STREET/RFD/OR POST OFFICE CITY STATE ZIP CODE				
5. LIST HOME PHONE NUMBER (IF DESIRED, PAGER # ALSO):				
6. DATE OF BIRTH (MONTH, DAY, YEAR):			PLACE OF BIRTH (CITY, COUNTY, STATE):	
7. HEIGHT: _____ WEIGHT: _____ COLOR EYES: _____ COLOR HAIR: _____				
SCARS, DISTINGUISHING MARKS, ETC.:				
8. U. S. CITIZEN:	BY BIRTH:	NATURALIZED	IF DERIVED, PARENT'S	DATE, PLACE AND COURT
<input type="checkbox"/> YES	<input type="checkbox"/> YES	CERTIFICATE #	CERTIFICATE #	
<input type="checkbox"/> NO	<input type="checkbox"/> NO			

9. MARITAL STATUS: SINGLE ENGAGED MARRIED SEPARATED DIVORCED WIDOWED

10. SPOUSE'S NAME (WIFE'S MAIDEN NAME):/ OCCUPATION OF SPOUSE/ ADDRESS OF EMPLOYER

11. FAMILY - LIST IN ORDER - RELATIONSHIP: PARENTS, GUARDIANS, STEPPARENTS, FOSTER PARENTS, PARENTS-IN-LAW, BROTHERS AND SISTER, EVEN THOUGH DECEASED. INCLUDE ANY OTHERS YOU HAVE RESIDED WITH OR WITH WHOM A CLOSE RELATIONSHIP EXISTED OR EXISTS.

RELATIONSHIP	NAME	ADDRESS (IF LIVING)	PHONE NUMBER
FATHER			
MOTHER (MAIDEN NAME)			

IF ANY PERSON LISTED ABOVE IS **NOT** A U. S. CITIZEN BY BIRTH, GIVE THE DATE AND PLACE OF BIRTH, THE DATE AND PORT OF ENTRY, ALIEN REGISTRATION NUMBER, NATURALIZATION CERTIFICATE NUMBER AND PLACE OF ISSUANCE.

12. MILITARY STATUS: HAVE YOU SERVED IN THE U. S. ARMED FORCES YES NO

A. WHILE IN THE MILITARY SERVICE, WERE YOU EVER ARRESTED FOR AN OFFENSE WHICH RESULTED IN A TRIAL BY DECK COURT OR BY SUMMARY, SPECIAL OR GENERAL COURT MARTIAL? YES NO

IF YES, GIVE DATE, PLACE, LAW ENFORCING AUTHORITY OR TYPE OF COURT OR COURT MARTIAL, CHARGE AND ACTION TAKEN FOR EACH INCIDENT, USING A SEPARATE SHEET OF PAPER TO RECORD THIS INFORMATION.

B. ARE YOU PRESENTLY A MEMBER OF THE U. S. RESERVE OR NATIONAL / STATE GUARD ORGANIZATION?

YES NO If yes, complete the following:

GRADE AND SERVICE NUMBER: _____ SERVICE AND COMPONENT: _____

ORGANIZATION AND STATION OR UNIT AND LOCATION: _____ ACTIVE INACTIVE STANDBY

INDICATE RESERVE OBLIGATION, IF ANY:

13. SELECTIVE SERVICE:

SELECTIVE SERVICE NUMBER: _____ LAST CLASSIFICATION _____ DATE CLASSIFIED: __/__/__

LOCAL BOARD: _____ ADDRESS: _____

14. EDUCATION

A. LIST ALL ELEMENTARY, MIDDLE SCHOOLS AND HIGH SCHOOLS ATTENDED:

NAME	LOCATION	DATES ATTENDED		YEARS COMPLETED	GRADUATED	
		FROM	TO		YES	NO

B. HIGHER EDUCATION. LIST INFORMATION BELOW FOR ALL COLLEGES OR UNIVERSITIES ATTENDED:

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED		CREDIT HOURS EARNED	DEGREE RECEIVED	YEAR RECEIVED
	FROM	TO			

MAJOR AND MINOR COLLEGE COURSES: _____

NOTE: COMPLETE THE FORM FOR **SPECIALIZED TRAINING RECORD** PROVIDED FOR YOUR CONVENIENCE ON PAGE 7 OF THIS APPLICATION.

15. SPECIAL QUALIFICATIONS AND SKILLS:

A. INDICATE TYPE OF SPECIAL LICENSES SUCH AS PILOT, PARAMEDIC, ETC., WHERE THE LICENSE WAS FIRST ISSUED AND DATE CURRENT LICENSE EXPIRES: _____

B. SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE (FOR EXAMPLE: OFFICE EQUIPMENT, COMPUTERS, SCIENTIFIC OR PROFESSIONAL DEVICES). _____

C. APPROXIMATE NUMBER OF WORDS PER MINUTE: TYPING: _____ SHORTHAND: _____

16. VEHICLE OPERATOR'S LICENSE: (DRIVERS, CHAUFFEURS, ETC.) GIVE THE FOLLOWING INFORMATION CONCERNING ANY VEHICLE OPERATOR'S LICENSE YOU HAVE HELD OR NOW HELD.

KIND OF LICENSE	PLACE OF ISSUE	DATE OF EXPIRATION	RESTRICTIONS

D. HAVE YOU EVER BEEN DENIED ISSUANCE OF A LICENSE OR HAVE YOU EVER HAD A LICENSE SUSPENDED OR REVOKED? YES NO
 IF YES, GIVE DETAILS, INCLUDING REASONS, NAMES OF COMPANIES, DATES, ETC.: _____

17. EMPLOYMENT: Begin with your most recent job and list your work history for the past TEN years, including part-time, temporary or seasonal employment and all periods of unemployment.

FROM DATE:	NAME, ADDRESS & PHONE # OF EMPLOYER	WHY DID YOU LEAVE?	JOB TITLE:
TO DATE:		DESCRIPTION OF YOUR DUTIES:	
SALARY:		NAME OF SUPERVISOR:	NAME OF CO-WORKER:

FROM DATE:	NAME, ADDRESS & PHONE # OF EMPLOYER	WHY DID YOU LEAVE?	JOB TITLE:
TO DATE:		DESCRIPTION OF YOUR DUTIES:	
SALARY:		NAME OF SUPERVISOR:	NAME OF CO-WORKER:

FROM DATE:	NAME, ADDRESS & PHONE # OF EMPLOYER	WHY DID YOU LEAVE?	JOB TITLE:
TO DATE:		DESCRIPTION OF YOUR DUTIES:	
SALARY:		NAME OF SUPERVISOR:	NAME OF CO-WORKER:

FROM DATE:	NAME, ADDRESS & PHONE # OF EMPLOYER	WHY DID YOU LEAVE?	JOB TITLE:
TO DATE:		DESCRIPTION OF YOUR DUTIES:	
SALARY:		NAME OF SUPERVISOR:	NAME OF CO-WORKER:

FROM DATE:	NAME, ADDRESS & PHONE # OF EMPLOYER	WHY DID YOU LEAVE?	JOB TITLE:
TO DATE:		DESCRIPTION OF YOUR DUTIES:	
SALARY:		NAME OF SUPERVISOR:	NAME OF CO-WORKER:

FROM DATE:	NAME, ADDRESS & PHONE # OF EMPLOYER	WHY DID YOU LEAVE?	JOB TITLE:
TO DATE:		DESCRIPTION OF YOUR DUTIES:	
SALARY:		NAME OF SUPERVISOR:	NAME OF CO-WORKER:

FROM DATE:	NAME, ADDRESS & PHONE # OF EMPLOYER	WHY DID YOU LEAVE?	JOB TITLE:
TO DATE:		DESCRIPTION OF YOUR DUTIES:	
SALARY:		NAME OF SUPERVISOR:	NAME OF CO-WORKER:

FROM DATE:	NAME, ADDRESS & PHONE # OF EMPLOYER	WHY DID YOU LEAVE?	JOB TITLE:
TO DATE:		DESCRIPTION OF YOUR DUTIES:	
SALARY:		NAME OF SUPERVISOR:	NAME OF CO-WORKER:

A. HAVE YOU EVER BEEN DISCHARGED, ASKED TO RESIGN, FURLOUGHED, OR PUT ON INACTIVE STATUS FOR CAUSE, OR SUBJECTED TO DISCIPLINARY ACTION WHILE IN ANY POSITION (EXCEPT MILITARY)? YES NO

IF YES, STATE CIRCUMSTANCES: _____

B. HAVE YOU EVER RESIGNED AFTER BEING INFORMED YOUR EMPLOYER INTENDED TO DISCHARGE YOU FOR ANY REASON? YES NO

IF YES, EXPLAIN, GIVING NAME AND ADDRESS OF EMPLOYER, APPROXIMATE DATE AND REASONS IN EACH CASE:

18. ARREST, DETENTION AND LITIGATION: (SHOW ALL ARRESTS, INCLUDING TRAFFIC)

A. HAVE YOU EVER BEEN ARRESTED OR DETAINED BY A LAW ENFORCEMENT AGENCY? YES NO

B. HAVE YOU (OR YOUR SPOUSE) BEEN INVOLVED IN ANY COURT ACTION, CIVIL OR CRIMINAL? INCLUDE ALL TRAFFIC VIOLATIONS, PARKING, ETC., IN THIS STATE OR ELSEWHERE? YES NO

C. HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON (ARREST, JOB APPLICANT, ETC.)? YES NO

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, LIST BELOW THE DATE, PLACE AND FULL DETAILS OF EACH INCIDENT:

19. RESIDENCES: LIST ALL RESIDENCES FOR THE PAST FIVE YEARS, BEGINNING WITH YOUR PRESENT ADDRESS:

MONTH AND YEAR		ADDRESS	CITY	STATE OR COUNTRY
FROM	TO			

20. CHARACTER REFERENCES: (DO NOT INCLUDE RELATIVES, FORMER EMPLOYERS, OR PERSONS LIVING OUTSIDE THE UNITED STATES OR IT'S TERRITORIES). LIST ONLY CHARACTER REFERENCES WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION OF WHICH YOU ARE APPLYING. LIST **FIVE** CHARACTER REFERENCES.

<u>NAME</u>	<u>DAYTIME PHONE NUMBER</u>	<u>CITY</u>	<u>STATE</u>

21. SUBVERSIVE ORGANIZATIONS:

YES	NO	
		ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY USA OR ANY COMMUNIST ORGANIZATION(S) ANYWHERE?
		ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?
		ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT OF WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?
		ARE YOU NOW ASSOCIATING WITH OR HAVE YOU ASSOCIATED WITH ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?
		HAVE YOU EVER BEEN ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE, CONTRIBUTION(S) TO, ATTENDANCE AT/OR PARTICIPATION IN ANY ORGANIZATIONAL SOCIAL OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM THE SALE, GIFT OR DISTRIBUTION OF ANY WRITTEN, PRINTED OR ANY OTHER MATTER PREPARED, REPRODUCED OR PUBLISHED BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTS?

IF **YES** TO ANY OF THE ANSWERS ABOVE, DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEET(S) FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THESE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD ALSO DATES, PLACES AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THESE ORGANIZATIONS, THEN LIST THE INDIVIDUAL(S) AND THE ORGANIZATIONS WHICH THEY WERE OR ARE AFFILIATED.

22. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION YES NO

IF YES, GIVE DETAILS: _____

23. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY OTHER GOVERNMENTAL AGENCY? YES NO

IF YES, GIVE DETAILS: _____

24. REMARKS:

25.

- ARE YOU WILLING TO ACCEPT ASSIGNMENTS, WHICH MAY REQUIRE WORKING VARIOUS TIMES OF THE DAY AND NIGHT AND ON ANY DAY OF THE WEEK? _____
- ARE YOU WILLING TO BE "ON CALL" AT ALL TIMES, AND CARRY A PAGER THAT MAY NECESSITATE IMMEDIATE RESPONSE TO EMERGENCY SCENES WITHIN THE CITY?
- ARE YOU WILLING TO ATTEND SCHOOLS WHEN AND WHERE REQUIRED, REGARDLESS OF SOCIAL ACTIVITIES OR PERSONAL PREFERENCE? _____
- ANY RELATIVES WORKING FOR THE CITY? _____
- WHAT DEPARTMENT? _____

PUBLIC SAFETY SPECIALIZED TRAINING RECORD

(ACADEMICS, CORRESPONDENCE COURSES, SEMINARS AND TRAINING OTHER THAN FORMAL COLLEGE)

NAME: _____ STATUS/POSITION: _____

INSTITUTION	LOCATION	MAJOR COURSE OF STUDY	CLASSROOM HOURS	CREDIT HOURS AWARDED (IF ANY)	DATE COMPLETED	TRAINING POINTS CERTIFIED BY DPS
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						

ATTACHMENTS REQUIRED (LEGIBLE COPIES): These may be submitted at a later date to avoid delay in submitting application.

1. Birth or Baptismal Certificate
2. Military Discharge or Separation Papers (if applicable)
3. Education Transcripts (if applicable)
4. Either High School Diploma or Equivalency Certificate from a State
5. College Transcripts and Diploma

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Gladstone Department of Public Safety. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Gladstone Department of Public Safety bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Gladstone Department of Public Safety, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Gladstone Department of Public Safety to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, and information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release and agree to indemnify and hold harmless you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release and agree to indemnify and hold harmless you, the custodian of such records, the organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of any duly accredited representative of the Gladstone Department of Public Safety regardless of any agreement I may have made with your previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing any application if you refuse to disclose the information requested.

For and in consideration of the Gladstone Department of Public Safety's acceptance and processing of my application for employment, I agree to hold the City of Gladstone, its agents, officers and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Gladstone Department of Public Safety. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Gladstone Department of Public Safety in conjunction with employment procedures will use information furnished.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This authorization is valid for a period of **six months** from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address or telephone number listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the organization and/or person to whom this request is presented and its agents, officers and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

APPLICANT'S NAME: _____
(PLEASE PRINT CLEARLY)

ADDRESS: _____

(CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER; _____

DATE OF BIRTH: _____

(DATE) (SIGNATURE OF APPLICANT)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20 ____

(NOTARY PUBLIC)

MY COMMISSION EXPIRES _____ 20 ____