



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):	May we call you at work?		<input type="checkbox"/> yes	<input type="checkbox"/> no
Home:	Cell/Pager:	Work:		
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

The City of Gladstone MO participates in E-Verify.
Proof of identity and work authorization 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 _____