CITY OF JOPLIN, MO





The City of Joplin is an **EQUAL OPPORTUNITY EMPLOYER** and does not discriminate based on race, color, religion, creed, marital status, national origin, sex, age, disability, genetic information, disability, sexual orientation or any other protected status.

	GENERAL INF	ORMATION	
Position applying for:		Date:	
Last Name:	First Name:	Middle Name:	
Email address:		Phone:	
Street Address:	City:	State: Zip Coc	le:
Are you 18 years of age or olde	r?		Yes No
(if you are hired you may be req			
	· · · · · · · · · · · · · · · · · · ·	Yes No If yes, whe	
If employed, do you expect to b	e engaged in any additional bus	siness?	Yes No
If yes, please give detai			
Do you have a valid driver's lic	ense, or a way to get to and from	m work?	Yes No
Class of License:		State License in	:
List Endorsements:			
		es held, (Exclude labor organization	
which reveal race, color, religio	n, national origin, sex, age, disa	ability, genetic information or other	r protected status.):
		TO TO A NAME OF	
	EDUCATION AN		G (G) 1
	Address of School Year	s completed <u>Diploma or Degree</u>	Course of Study
High School /GED:			
College/University:			
Vocational/Trade:			
Other Education:		1.6.1.1	
What skills or training do you h	ave that prepares you for the jo	b for which you are applying?	
7	1	1 1 .	
List all licenses you hold, include		*	
Type of Lic.	State issued	Exp. Date	
Y			
List all certifications you hold:			
Type of Cert.	<u>Issued by</u>	Exp. Date	

What machines or equipment ca	in you operate that relates to the	e job for which you are applying?	

WORK HISTOI	RY
List names of employers in consecutive order with present or most c of time including military service and any periods of unemployment business references. If additional space is needed, please attach a secont upon ACCEPTABLE REFERENCES FROM CU	. If self-employed give company name and supply parate sheet. NOTE: A JOB OFFER MAY BE
Name of Employer	Job Title
Job Duties	
Address	D 1 1 (1 (0 (1 (D)) E
City, State, Zip Code	Pay: Start \$ Final \$
Supervisor_	Phone Number
Reason for Leaving	
Name of Employer	Job Title
Job Duties	
Address_	Date worked (MO/YR) From To
City, State, Zip Code	Pay: Start \$ Final \$
Supervisor_	Phone Number
Reason for Leaving	
Name of Employer	Job Title
Job Duties	
Address	Date worked (MO/YR) From To
City, State, Zip Code	Pay: Start \$ Final \$

Reason for Leaving

Supervisor

REFERENCES

Phone Number

Give three References, not relatives or former employers. List Name, address and phone number.

1.

2.

3.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and I authorize the City of Joplin to verify their accuracy and to obtain reference information on my work performance, dates of employment and pay rate. I hereby release the City of Joplin from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, a falsified statement of any kind or omission of facts called for on this application shall be considered sufficient basis for disciplinary action and possible termination of my employment.

I understand that if I become an employee of the City of Joplin, I must fully adhere to the policies, rules and regulations of the City of Joplin. I understand that any employment offer is conditional on completion of my employment application, interview and employment process. I understand that any employment offer may be withdrawn by the City at any time before my start date, for any reason and in the sole discretion of the City.

SIGNATURE DATE
