

City of Hermann  
 1902 Jefferson Street  
 Hermann, MO 65041  
 573-486-5400  
 573-486-5432 fax

# EMPLOYMENT APPLICATION



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. The City of Hermann is an Equal Opportunity Employer. None of the information disclosed on this application will be used by the City in an unlawful, discriminatory manner or for an unlawful discriminatory purpose. If you should require any physical or other assistance in completing this application, please see the Human Resources Office. Applicants in consideration of employment are required to take a pre-employment drug screen, and employees are subject to random drug tests in accordance with federal and state law.

Position(s) Applied For:			Application Date:		
Name: LAST		FIRST		MIDDLE	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)		E-mail Address		Social Security Number	

Best time to contact you at home is: .....:..... AM / PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No Have you ever filed an application with us before?

If YES, give date: .....  Yes  No Have you ever been employed with us before?

If YES, give date: .....  Yes  No

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? .....  Yes  No

Proof of citizenship or immigration status will be required upon employment

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_ Are you available to work  Full-time

Part-time  
 Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Can you travel if a job requires it?. .....  Yes  No

## EDUCATION

SCHOOL	NAME & CITY	COURSE OF STUDY	NUMBER YRS ATTENDED	DEGREE


**List professional, trade, business or civic activities and offices you have held. Please exclude any membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.**


**List specialized training, apprenticeship, and skills.**


**List any extra-curricular activities.**


**List any job-related training that you received while in the U.S. military.**


**Other qualifications: List any special job-related skills or qualifications you have acquired from past employment or experiences.**

PC/MAC  
 Spreadsheet  
 Multi-line phone  
 Other (please list)

**Additional information you would like to share with us:**




Supervisor		<b>Starting</b>	<b>Final</b>
Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

**REFERENCES**

(1)	( ) -
Name	Phone #
Address	
(2)	( ) -
Name	Phone #
Address	
(3)	( ) -
Name	Phone #
Address	

**NOTE TO APPLICANT:** Do not answer the following question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.       YES       NO

**APPLICANT'S STATEMENT:** I certify that the above given answers are correct and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is also understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer. I also understand that as required by federal law, I will be required (if hired) to furnish documentation establishing my identity, eligibility to work and residency.

Signature of Applicant Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open     YES     NO

Position(s) Considered For:

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Arrange Interview  YES  NO REMARKS:

<p>_____ Interviewer</p>	<p>_____ Date</p>
<p><input type="checkbox"/> YES      <input type="checkbox"/> Employed      <input type="checkbox"/> NO      Date of Employment</p>	
<p>_____ Job TitleSalaryDepartment</p>	<p>_____ Hourly Rate/</p>
<p>BY: _____</p>	<p>_____ Name and Title</p>
<p>_____ Date</p>	

Revised 4/2012