



# City of Boonville, Missouri

401 Main Street

Boonville MO 65233

Phone: (660) 882-2332

Fax: (660) 882-6608

## Application for Employment

The City of Boonville is an equal opportunity employer to all employees and applicants for employment without regard to race, color, ancestry, national origin, gender, sexual orientation, marital status, religion, age, disability, gender identity, results of genetic testing, or service in the military. If selected for employment, a prospective employee must provide satisfactory references for the Company and meet our medical qualifications. All information is treated confidentially.

**This application will not be considered unless it is filled out COMPLETELY.**

**Please Type or Print in Ink and Sign on Page Four**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Prefix First Middle Last Suffix

Cellular Phone No. \_\_\_\_\_

Home Phone No. \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Length of Residence: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Length of Residence: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Do you have a valid Missouri Operators or Commercial Drivers License? YES ☐ NO ☐

Drivers License Class and Type: \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Has your license been suspended or revoked? YES ☐ NO ☐

If yes, when and why? \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Available: \_\_\_\_\_

Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐

If Part Time, list days AND hours available: \_\_\_\_\_

City of Boonville

City Use Only  
Received \_\_\_\_\_

Employment Application  
Revised TMS - 06.2023

Have you previously been employed by the City of Boonville? Yes ☐ No ☐

If yes, what position and give dates employed: \_\_\_\_\_

What prompted your application?

Own Accord ☐ Advertisement ☐ Website ☐ Employee Referral ☐ Other ☐ \_\_\_\_\_

Who referred you to us for employment? \_\_\_\_\_

Name of friends or relatives employed here: \_\_\_\_\_

U.S. Military Records	
<u>Branch of Service</u>	<u>Description of duties performed</u>
<u>Rank</u>	<u>Present Membership in National Guard or Reserves</u>
<u>Service Schools</u>	<u>Type of Course</u>

Education					
Schools	School Name and Location	GPA	Graduated Yes/No	Degrees Received	Areas of Specialization (Majors & Minors)
High School					
College or University					
Graduate School					
Business or Trade Schools					
Corresp. or Night School					

Do you plan to continue your schooling while working? YES ☐ NO ☐

If yes, please explain: \_\_\_\_\_

What office machines have you operated? \_\_\_\_\_

What computer software do you have experience with and how long have you worked with each program?

\_\_\_\_\_

\_\_\_\_\_

What factory, shop or building maintenance machines have you operated?

\_\_\_\_\_

Any other specific skills or qualifications?

\_\_\_\_\_

### Employment History

List positions for which you received wages, and ALL periods including unemployment and military service.

List in **reverse chronological order starting with present** or most recent. (Use separate sheet if necessary)

Dates and Salary		Company Name, Address, and Telephone Number	List Job Title and Describe Job Duties	Reason for Leaving
From	To			
\$____/mo	\$____/mo			
\$____/mo	\$____/mo			
\$____/mo	\$____/mo			
\$____/mo	\$____/mo			
\$____/mo	\$____/mo			
\$____/mo	\$____/mo			
\$____/mo	\$____/mo			
\$____/mo	\$____/mo			
\$____/mo	\$____/mo			
\$____/mo	\$____/mo			

### Character References

List four individuals, other than relatives or former employers, that you have known for at least five years.

Name	Address	Occupation	Years Known	Telephone Number

### Additional Comments

Please give any additional employment related information which describes your interests and qualifications.

I authorize all persons, schools, companies, corporations, law enforcement agencies, and government agencies to supply any information to the City of Boonville concerning my background and release them from all liability arising from providing that information.

I understand and agree that my employment is for no definite period and may be terminated at any time without any previous notice. I further understand no promise or guarantee of employment is valid unless made in writing by the City of Boonville. I understand that misrepresentation or omission of facts called for is cause for dismissal. I authorize the City of Boonville to make a thorough investigation of my background, including past employers, and release the City from all liability which may result from such an investigation. In addition, I understand any offer of employment made to me is contingent upon a satisfactory driver's license background check, a police records background check, and passing the pre-employment drug test. I understand any offer of employment is contingent upon compliance with the Immigration Reform and Control Act of 1986 which requires evidence of U.S. citizenship or U.S. resident status and a birth certificate or other evidence of date of birth as stipulated by the Immigration and Naturalization Service.

I understand that this application becomes inactive after 6 months.

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Signature of Applicant

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Date