



## EMPLOYMENT APPLICATION

The City of West Plains welcomes your employment application. If you wish to be considered for employment, you are required to complete this application in its entirety. Incomplete applications will not be considered. A separate application is required for each position for which you are applying. All offers of employment are contingent upon successful completion of all pre-employment or post-offer testing, including but not limited to, drug and alcohol screening, thorough background investigation, credit check and medical examination. The City of West Plains welcomes all qualified applicants without regard to their race, color, religion, gender, national origin, age, marital status, disability, or other protected status. The City of West Plains also complies with the Americans with Disabilities Act. If assistance or accommodation is needed during the application process, please contact Human Resources.

### Employment Desired

POSITION APPLYING FOR		DATE AVAILABLE	
DESIRED PAY	PER HOUR SALARY	REFERRED BY	
EMPLOYMENT DESIRED	FULL-TIME	PART TIME	SEASONAL

### Personal Information

LAST NAME	FIRST NAME	MIDDLE INITIAL	
CURRENT ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
PRIMARY PHONE NO.	SECONDARY PHONE NO.	EMAIL	

If hired, can you provide documents that would establish your employment eligibility as required by the Immigration Reform and Control Act of 1986?	Yes	No
Do you have any physical or mental impairment which will require an accommodation in the hiring or examining process? If yes, please explain.	Yes	No
Have you ever been employed by the City of West Plains? If yes, please be sure to list the employment under Employment Record.	Yes	No
Have you ever been terminated from employment or asked to resign by an employer? If yes, please provide company name and details.	Yes	No
Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, or tested positive on any safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? If yes, please explain.	Yes	No
Do you have any relatives working for the City of West Plains? Relative is defined as: spouse, parent, children, grandparents, grandchildren, siblings, first cousins, aunts, uncles, nephews and nieces (to include all blood, step, foster and in-law relationships).	Name	Relationship
Have you ever served in the armed forces? If yes, complete the following:	Yes	No
Branch of Service:		
Dates of Service	Entered:	Discharged:
		Type of Discharge:
Do you possess a valid Driver's License?	Yes	No
State:	Number:	Expiration:
Do you possess a valid Commercial Driver's License (CDL)? List any endorsements:	Yes	No
State and Class:	Number:	Expiration:

### Employment Record

Begin with your most recent work experience. List all paid and voluntary experience over the last 10 years, including military service. Include details on the experience that you believe meets the qualifications of the position applying for. If you wish to elaborate on your experience, a supplemental sheet may be attached. List any periods of unemployment. Do not indicate "See Resume" or leave blank. A resume may be attached to provide additional or more detailed information but will not be accepted in lieu of completing this section. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

EMPLOYER	POSITION	REASON FOR LEAVING	
START DATE	END DATE	CURRENTLY EMPLOYED HERE	PAY RATE
COMPANY ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR'S NAME	SUPERVISOR'S POSITION	CONTACT INFORMATION (PHONE OR EMAIL)	
RESPONSIBILITIES			



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START DATE	END DATE	CURRENTLY EMPLOYED HERE		PAY RATE
COMPANY ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR'S NAME		SUPERVISOR'S POSITION		CONTACT INFORMATION (PHONE OR EMAIL)
RESPONSIBILITIES				

  

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RESPONSIBILITIES				

  

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START DATE	END DATE	CURRENTLY EMPLOYED HERE		PAY RATE
COMPANY ADDRESS		CITY	STATE	ZIP CODE
SUPERVISOR'S NAME		SUPERVISOR'S POSITION		CONTACT INFORMATION (PHONE OR EMAIL)
RESPONSIBILITIES				

Education History			
HIGH SCHOOL	CITY	STATE	DEGREE EARNED
TRADE SCHOOL	CITY	STATE	DEGREE EARNED
COLLEGE	CITY	STATE	DEGREE EARNED
GRADUATE SCHOOL	CITY	STATE	DEGREE EARNED

Training and Certification		
If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following and a copy must be included with this application: (Journey level, Electrician, Wastewater license, etc.).		
Professional License or Certificate	City and State	Date of Issuance and Expiration

For Law Enforcement Applicants Only	
Missouri Peace Officer Standards & Training (POST) Certification must accompany this application.	
Missouri Peace Officer Standards & Training (POST) ID Number:	
Have you ever held a Peace Officer License or Certification in another state? If yes, in what state were you licensed or certified?	



**For Fire Applicants Only**

MUST be IFSAC or National Board Certified and documents must be included with this application.

Certificate	Date of Issuance	Certificate	Date of Issuance
Firefighter I		EMT-B	
Firefighter II		Paramedic	

**Professional References**

List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying.

NAME	COMPANY AND POSITION	CONTACT INFORMATION (PHONE OR EMAIL)
NAME	COMPANY AND POSITION	CONTACT INFORMATION (PHONE OR EMAIL)
NAME	COMPANY AND POSITION	CONTACT INFORMATION (PHONE OR EMAIL)

**Certification of Applicant**

I certify that all information provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I hereby understand and acknowledge that any employment relationship with City of West Plains is at-will, and the employment relationship may be terminated by the employee or City of West Plains at any time with or without cause. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period. I further understand that if hired, as a condition of continuing employment, I will be required to comply with all City of West Plains rules, regulations, any and all personnel and departmental policies and procedures.

I understand and acknowledge all conditional offers of employment with City of West Plains are contingent upon successful completion of a drug and alcohol screening, thorough background check and a post-offer medical examination. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

My signature indicates that I have read, fully understand and accept all terms of this document and consent to its implications.

Signature	Date
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**Certification of Applicant**

**PRE-EMPLOYMENT BACKGROUND INVESTIGATION**

The City of West Plains believes that hiring qualified individuals to fill positions contributes to the overall strategic success of the organization. The information collected helps determine the applicant's overall employability. All offers of employment are contingent upon clear results of a thorough background investigation. Background investigations include, but are not limited to, Social Security Verification, Prior Employment Verification, Personal and Professional Reference Checks, Education Verification, Criminal Record, Motor Vehicle Records and Credit History. All information attained from this process will only be used as part of the employment process and kept strictly confidential.

I hereby agree to cooperate in a thorough and complete background investigation will be conducted to determine my fitness and appropriateness as a candidate for employment

**IMMIGRATION STATUS CHECK**

In consideration of my employment, I hereby consent to an immigration status check by the City of West Plains.

**DRUG AND ALCOHOL TESTING**

It is the intent of the City of West Plains to provide a drug-free workplace to protect the health and safety of employees and the public. In accordance with the City of West Plains Substance Abuse and Drug Free Workplace policy, all applicants offered employment with the City must successfully pass a pre-employment drug and alcohol screen, at City expense. Applicants who fail the test or refuse to be tested, will not be considered for employment for a 12-month period. If employed, as a condition of continued employment, employees will be required to submit to drug and alcohol screening tests to determine compliance with the City's drug and alcohol testing policy. Failure to comply with the testing program will be grounds for immediate discharge.

I hereby understand and agree that, as a condition of employment and, if employed, as a condition of continued employment, I consent to submit to drug and alcohol testing and authorize the release of the results to the City of West Plains.

**PRE-EMPLOYMENT, POST-OFFER MEDICAL EXAMINATION**

Applicants offered employment with the City of West Plains are required to submit to a medical examination, at City expense. This examination helps to determine if the applicant can perform all essential job duties, with or without reasonable accommodation, and to ensure the safety, health and welfare of City employees and the general public.

I understand that any employment offer will be contingent upon the successful completion of this pre-employment, post-offer medical examination.

**AUTHORIZATION TO RELEASE INFORMATION CONSENT**

I expressly authorize, without reservation, the City of West Plains, its representatives, employees, or agents to contact and obtain information to verify the accuracy of all information provided by me in this application and resume for the purpose of determining my fitness and appropriateness as a candidate for employment.

I hereby release any liability resulting directly or indirectly, from obtaining the information or from any subsequent use of such information in determining my qualifications to serve as an employee of the City of West Plains.

I hereby authorize the release of any information concerning my employment record, driving record, education record, military record, and the information pertaining to drug and alcohol testing and physical exam results. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the City of West Plains.

Signature	Date
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