



# Kennett Board Of Public Works

(573) 888-5366 • FAX (573) 888-3312 • P.O. BOX 40 • KENNETT, MISSOURI 63857

## APPLICATION FOR EMPLOYMENT

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.*

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone number \_\_\_\_\_ Are you over 18 years old?  Yes  No

Are you authorized to work in the U.S. on an unrestricted basis?  Yes  No

How did you learn of this opening? \_\_\_\_\_

Have you worked here before?  Yes  No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?  Yes  No

Can you perform these essential functions with or without reasonable accommodation?  Yes  No

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

Shift preferred \_\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time \_\_\_\_\_

Are you willing to work overtime as required?  Yes  No

Have you ever been convicted of a felony?  Yes  No (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions: \_\_\_\_\_

Have you ever had any criminal records expunged?  Yes  No If yes, describe conditions: \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	MAJOR	DIPLOMA OR DEGREE
High School			
College/Univ.			
College/Univ.			
Other Training/Education			

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our company? \_\_\_\_\_

POSITIONS APPLIED FOR 1. \_\_\_\_\_

2. \_\_\_\_\_

Wage or salary desired? \$ \_\_\_\_\_ When can you start? \_\_\_\_\_

**HISTORY OF EMPLOYMENT**

May we contact your present employer?  Yes  No

Most Recent Employer		Address		Telephone
Dated Started	Starting Salary \$	Starting Position		
Date Left	Salary on Leaving \$	Position on Leaving		
Name and Title of Supervisor				
Description of Duties:				
Reason for Leaving:				
Previous Employer		Address		Telephone
Dated Started	Starting Salary \$	Starting Position		
Date Left	Salary on Leaving \$	Position on Leaving		
Name and Title of Supervisor				
Description of Duties:				
Reason for Leaving:				
Previous Employer		Address		Telephone
Dated Started	Starting Salary \$	Starting Position		
Date Left	Salary on Leaving \$	Position on Leaving		
Name and Title of Supervisor				
Description of Duties:				
Reason for Leaving:				

**References – List Individuals familiar with your work or school achievements**

NAME AND ADDRESS	OCCUPATION	COMPANY AND TELEPHONE NO.

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application and release the Company from any liability.

I understand that employment at this Company is "at-will", which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the Superintendent in a signed writing has any authority to alter the foregoing.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_