

# CITY OF NEW HAVEN

101 FRONT STREET  
PO BOX 236  
NEW HAVEN, MO 63068



PHONE 573-237-2349

[WWW.NEWHAVENMO.ORG](http://WWW.NEWHAVENMO.ORG)

FAX 573-237-4696

## Application for Employment

*(Please Print)*

*We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.*

Date: \_\_\_\_\_

### I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Telephone

email address

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.**

**Position Applied For:** \_\_\_\_\_

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

\_\_\_\_\_

2. Do you have any relatives who are presently (or have formerly been) employed by this company?

\_\_\_\_\_

3. How were you referred to us? \_\_\_\_\_

4. Have you ever been convicted of a felony?     \_\_\_ Yes     \_\_\_ No

If yes, please explain:

\_\_\_\_\_

## II. Educational History

School Name/Location / Years Completed / Degree/Diploma

Elem/Jr. High: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Tech. Training: \_\_\_\_\_

Other: \_\_\_\_\_

## III. Employment Record *(Please include all employment for the last five years.)*

1. \_\_\_\_\_

Company Name (Current or Most Recent Employer)     Position Held

Address     Dates Employed:     From     To

Manager / Supervisor     Telephone     Wage/Salary

Reason For Leaving

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

Company Name     Position Held

Address     Dates Employed:     From     To

Manager / Supervisor     Telephone     Wage/Salary

Reason For Leaving

3. \_\_\_\_\_

Company Name     Position Held

\_\_\_\_\_  
Address

Dates Employed: \_\_\_\_\_  
From To

\_\_\_\_\_  
Manager / Supervisor

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Wage/Salary

\_\_\_\_\_  
Reason For Leaving

**NOTE:** Use a separate sheet to list additional employers, if necessary. We may contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

\_\_\_\_\_  
(Employer's Name)

\_\_\_\_\_  
Reason

\_\_\_\_\_  
(Employer's Name)

\_\_\_\_\_  
Reason

**IV. References** (Please do not include relatives or former employers.)

1. \_\_\_\_\_  
Name

\_\_\_\_\_  
Years Known

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Occupation

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

\_\_\_\_\_  
Years Known

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Occupation

3. \_\_\_\_\_  
Name

\_\_\_\_\_  
Years Known

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Occupation

**V. Work Availability**

1. If your application receives favorable consideration, when will you be available to begin work?  
\_\_\_\_\_

- 2. Do you have any objection to working overtime? ( ) Yes ( ) No
- 3. Can you work overtime without prior notice? ( ) Yes ( ) No
- 4. Can you work on Saturday? ( ) Yes ( ) No
- 5. Can you work on Sunday? ( ) Yes ( ) No
- 6. Can you travel if required by this position? ( ) Yes ( ) No

**VI. Salary / Hourly Rate Requirements**

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ \_\_\_\_\_ per \_\_\_\_\_

**VII. Agreement**

It is our policy to check references as part of our hiring process. This may include contacting your former employers, as well as other business associates. We will ask a series of questions about your work experience, character, education and personality.

After reading this policy, please indicate your agreement by signing in the space provided.

I have read and fully understand the foregoing and voluntarily consent to allow the Organization to check my references. Questions may be asked about my work experience, personality, personal habits and education.

\_\_\_\_\_  
Applicant Signature:

\_\_\_\_\_  
Date:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_