



## APPLICATION FOR EMPLOYMENT

### CITY OF CARTERVILLE, MISSOURI

To be filed in the City Clerk's office, 1200 E. First Street, Carterville, Missouri, 64835, 417-673-1341

(PLEASE PRINT IN INK OR TYPE)

*The civil Rights Act of 1964 prohibits discrimination in employment because of race, color, national origin or handicap status. Title 8, Civil Rights Act of 1964; Title 6, Civil Rights Act of 1974; Executive Order 11246; Executive Order 12067; Executive order 113375; Executive Order 12550; Public law 90-202; Public Law 93-112, as amended prohibit discrimination.*

Last Name	First Name	Middle Name or Initial
Street & Number	City	State & Zip
Area code & Phone number	Social Security Number	
Date of birth: Month _____ Day _____ Year _____ (Mandatory for Police Officer)		
Position Applied for: _____ Date _____		
On what basis are you available for employment? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary <input type="checkbox"/>		
How did you learn of the position? _____ (Newspaper, radio, personnel announcement, etc.)		

#### **VETERAN'S**

Are you a U.S. Veteran? Yes ☐ No ☐ Dates of active duty: from \_\_\_\_\_ to \_\_\_\_\_

Are you a member of the reserves or nation guard? Yes ☐ No ☐

Have you ever filed an application with the City of Carterville?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been employed by the City of Carterville?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1. Have you ever been discharged or asked to resign from employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever been convicted of a crime other than a minor traffic violation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you object to inquiry of your present employer in regard to your character, work record, qualifications or abilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If you have answered "yes" to questions 1-3, please give particulars on separate sheet. A yes answer does not automatically disqualify you from employment.**

4. It is the policy of the City of Carterville to compensate all non-exempt employees at a premium rate for all hours in excess of the designated work period in the form of compensatory time off or overtime pay. Is this acceptable to you? Yes ☐ No ☐
5. Are you a citizen of the United States? Yes ☐ No ☐
6. Do you have a social security card? Yes ☐ No ☐
- If you are selected for employment your social security card must be presented to the Personnel Dept. before you start work.

**If you have answered "no" to questions 4-6, please give particulars on separate sheet. A no answer does not automatically disqualify you from employment.**

## EMPLOYMENT RECORD

List below, in reverse order the positions you have held starting with your present or most recent employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Be sure to specifically describe each separate assignment in military service. Under "Specific Duties" emphasize your own specific tasks including kind of work and supervisory, technical or other responsibilities so as to give a clear picture of the duties you have performed. If employment included supervisory responsibilities, give number and type of employees supervised. Give as complete information as possible. If you have more than three (3) separate periods of employment, fill out blank sheet in the same form as that outlined below and attach. Indicate reason for leaving employment, i.e., Resigned, Dismissed, Layoff, etc.

**DO NOT INDICATE "SEE RESUME", A RESUME MAY BE ATTACHED TO PROVIDE ADDITIONAL INFORMATION, BUT WILL NOT BE ACCEPTED IN LIEU OF COMPLETING THIS SECTION.**

Present or last employer \_\_\_\_\_ Phone \_\_\_\_\_

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

Immediate Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Your Title \_\_\_\_\_ Date Employed \_\_\_\_\_

Date Separated \_\_\_\_\_ ☐ Full Time ☐ Part Time

Specific Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

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

Immediate Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Your Title \_\_\_\_\_ Date Employed \_\_\_\_\_

Date Separated \_\_\_\_\_ ☐ Full Time ☐ Part Time

Specific Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

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

Immediate Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Your Title \_\_\_\_\_ Date Employed \_\_\_\_\_

Date Separated \_\_\_\_\_ ☐ Full Time ☐ Part Time

Specific Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Do you possess a valid Driver's License?

Yes ☐ No ☐

Do you possess a valid Commercial Driver's License (CDL)?

Yes ☐ No ☐

If yes, what level do you possess? \_\_\_\_\_

If yes, to either or both, what state? \_\_\_\_\_

License number \_\_\_\_\_

List below any special information as to your work record you may deem of value.

Do you use a typewriter? Yes ☐ No ☐ Speed \_\_\_\_\_

Do you operate a computer? Yes ☐ No ☐

List computer programs you are comfortable working with. \_\_\_\_\_

List below office machines you can operate. \_\_\_\_\_

### EDUCATIONAL RECORD

Grammar and High School: Circle last grade completed: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Name of last school attended \_\_\_\_\_ Location \_\_\_\_\_

Did you graduate from high school? Yes ☐ No ☐ Year \_\_\_\_\_ Dates attended: From \_\_\_\_\_ To \_\_\_\_\_

High School equivalency certificate? (G.E.D.) Yes ☐ No ☐ If yes, please submit documented proof. \_\_\_\_\_

### VOCATIONAL TRAINING (BUSINESS, TRADES, TECHNICAL AND MILITARY SERVICE)

Name & Location	From		To		Number of Hours Attended per Week	Subjects Studied
	Mo.	Yr.	Mo.	Yr.		
Name						
Location						
Name						
Location						

### UNIVERSITY AND COLLEGE (UNDERGRADUATE, GRADUATE, DOCTORATE)

Name & Location	From		From		Total Semester Hours	Total Quarter Hours	Major Field and Number of Hours	Minor Field and Number of hours
	Mo.	Yr.	Mo.	Yr.				
Name								
Location								
Name								
Location								
Name								
Location								

Did you graduate? Yes ☐ No ☐ Degree Received \_\_\_\_\_ Date Received \_\_\_\_\_

Are your employment and education records under any other name? Yes ☐ No ☐

If Yes, please provide the name(s) \_\_\_\_\_

## APPLICANT INFORMATION FORM

The CITY OF CARTERVILLE is an Equal Opportunity/Affirmative Action Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information WILL NOT be used in the employment process; and failure to provide the information WILL NOT jeopardize your opportunity for employment with the CITY of CARTERVILLE.

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Title of job for which you have applied: \_\_\_\_\_

### SEX and RACE/ETHNIC IDENTIFICATION

**SEX:** Male ☐ Female ☐ (check ☒ one)

**RACE/ETHNIC:** *For the purpose of Equal Opportunity, race/ethnic categories are identified as follows... Please check ☒ the category that identifies your race/ethnic background.*

- ☐ **White:** (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East
- ☐ **Black:** (not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.
- ☐ **Hispanic:** All persons of Mexico, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **Asian or Pacific Islanders:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands. (Example..China, Japan, Korea, etc.)
- ☐ **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America.

Do you have any relatives that are employed by the City of Carterville? Yes ☐ No ☐

If yes, who? \_\_\_\_\_

The city of Carterville believes in the principle and practice of equal employment opportunity, and intends to comply with the letter and spirit of federal, state and local laws and regulations prohibiting discrimination on the basis of race, color, sex, age, religion, national origin or handicap status.

### PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and correct to the best of my knowledge. They are made voluntarily upon application for employment, and as inducement therefore. I understand that any false statement or information given herein shall be considered sufficient cause for dismissal. I, the undersigned, consent that many former employers, upon request, may give full information relative to my employment by them and reason for termination. Any examining doctors, hospitals (public private, state and including the United States Veterans Administration), may give the City of Carterville any information or data as the results of any examination made. The undersigned hereby releases any and all such persons or institutions from any liability by reason of giving such information. I understand and agree that the City of Carterville is under no obligation to reveal to me or any other person the reason for my rejection for employment. I understand that I must physically reapply for employment if I wish to be considered for any other position open at the City of Carterville.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Any applicant who feels discriminated against in his/her opportunity for employment shall have the right to appeal the alleged discriminatory treatment. Such an appeal must be submitted in writing (or verbally) to the City Clerk of Carterville, MO, 1200 E. First Street, Carterville, MO 64835

AUTHORIZATION TO RELEASE

I, \_\_\_\_\_ do waive my rights as provided under the Rules and Regulations in the Federal Register, Vol. 43, No. 48, May 20, 1978, Security and Privacy Act, Criminal History Record Information.

I authorize the City of Carterville or the Carterville Police Department to conduct a background investigation, and to make inquiries with former employers, Missouri Department of Public Safety, all Criminal Justice agencies authorized to exchange information, and any non-criminal justice agency or persons deemed necessary for conducting a fair and legal investigation.

\_\_\_\_\_  
Application Signature

\_\_\_\_\_  
Date



*1200 East First  
Carterville Missouri 64835  
1-417-673-1341  
William L Cline  
City Administrator*

## LETTER TO POTENTIAL EMPLOYEES

The use of alcohol and other substances is a national problem that seriously affects every American. Substance abuse not only affects individual users and their families, but it also presents new dangers for the workplace.

The City of Carterville has always been committed to providing a safe work environment and fostering the well-being and health of our employees. Substance abuse jeopardizes this commitment and undermines the capability of the City of Carterville to provide quality services.

To address this problem, The City of Carterville has developed a policy regarding alcohol and other substance abuse that we believe best serves the interests of all employees. Our policy formally and clearly states that alcohol and other substance abuse will not be tolerated. This policy was designed with two objectives in mind: 1) employees deserve a work environment that is free from the effects of substance abuse and the problems associated with their use, and 2) this City has a responsibility to maintain a healthy and safe workplace.

Employees will be given one opportunity to come forward without fear of adverse action for that purpose of rehabilitation. Such rehabilitation may or may not be covered by the City.

I believe it is important that we all work together to make the City of Carterville a drug-free and a safe, rewarding place to work.

Sincerely,

Alan Griffin  
Mayor, City of Carterville



## PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other test as shall be determined by the City of Carterville in the selection process of applicants for employment, for the purpose of determining the presence of alcohol and/or other substances.

I agree that Employee Screening and their collection sites may collect my specimens for analysis and forward them to a certified testing laboratory designated by the City.

I further agree to and hereby authorize the release of the results of said test to the City.

I further agree to hold harmless the City and its agents, employees, officers, directors and affiliates, as well as the above named physician, clinic and their employees, officers directors, agents and affiliates, from any liability arising in whole or in part, out of the collection of specimens, testing and use of the information from said testing's in connection with the City's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Name (print) \_\_\_\_\_

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

Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_ D.O.B. \_\_\_\_\_

Witness Name ( Print) \_\_\_\_\_

Witness Signature \_\_\_\_\_

## ACTIVE EMPLOYEE CERTIFICATE OF AGREEMENT

(This certificate becomes a part of the active employees personnel file)

I do hereby certify that I have received and reviewed the Substance Abuse ( and Drug Testing) Policy and have had the Drug-Free Workplace Program explained to me. I understand that if my performance indicates it is necessary, I will submit to a drug test. I also understand that failure to comply with a drug testing request or positive result may lead to discipline up to and including termination of employment.

Print Name: \_\_\_\_\_

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

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