

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

EMPLOYMENT ELIGIBILITY

A yes or no response to any of the questions below does not automatically disqualify you from employment.

Are you a citizen of the United States? YES NO

Do you have a Social Security Card? YES NO

Do you possess a valid Driver's License? YES NO

Do you possess a valid Commercial Driver's License (CDL)? YES NO

Are you proficient with operating a computer? YES NO

Are you proficient with Microsoft Office Suite? YES NO

Are you comfortable using most common office equipment? YES NO

If yes, please list equipment you are comfortable using: _____

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 periods in the form of compensatory time off or overtime pay. Is this acceptable to you? YES NO

Have you ever been employed by the City of Carterville? YES NO
If yes, what position and when: _____

Have you ever been terminated or asked to resign from employment? YES NO
If yes, please explain: _____

Have you ever been convicted of a crime other than minor traffic violations? YES NO
If yes, please explain: _____

Do you object to the City of Carterville contacting your current employer for reference? YES NO
If yes, please explain: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY

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.

I, 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.

Signature of Applicant: _____ Date: _____

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 East First Street, Carterville, MO, 64835.

AUTHORIZATION TO RELEASE

PLEASE READ CAREFULLY

In order to maintain the safety of our customers, employees and property, and to confirm the information obtained from you, the City of Carterville Missouri will request a background check in connection with your employment application, and in case you are hired or already employed by the City of Carterville Missouri, we may request additional background information from you for employment purposes.

I, _____, willfully consent to the City of Carterville Missouri obtaining information about me. The background report may contain information on, but is not limited to Social Security number verification; criminal, public including but not limited to social media, educational, and, where applicable, driving record checks; previous employment verification; reference checks, licenses, and certifications; credit reports; drug tests results; and if applicable, workers' compensation injuries.

Public and Private record sources may be used to obtain information, including personal interviews with your associates, friends, and neighbors.

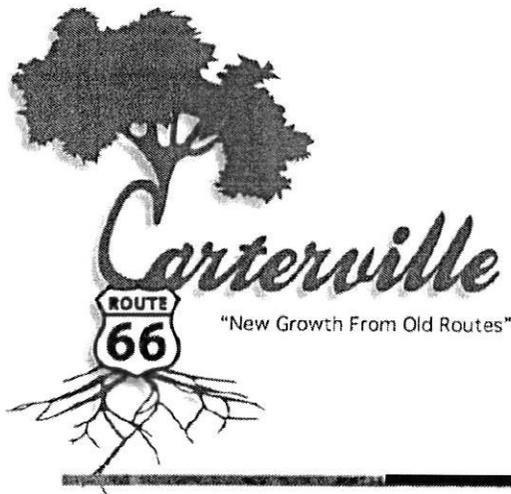
The nature and scope of the most common form of background check is an investigation of your education and/or employment history conducted by the City of Carterville Missouri or another outside organization.

I understand that this background check is necessary if I wish to meet all the criteria for the position I am applying for at the City of Carterville Missouri and that a successful background check is not a guarantee of employment.

Full Legal Name: _____
Social Security Number: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Printed Name: _____

Signature: _____ Date: _____



*1200 East First Street
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 the testing entity used by the City 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 hold harmless the City and its agents, employees, officers, directors, and affiliates, as well as the physician, clinic and their employees, officers, directors, agents and affiliates of the testing entity used by the City, 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: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Applicant Signature: _____

Witness Name: _____

Witness Signature: _____

ACTIVE EMPLOYEE CERTIFICATE OF AGREEMENT

This certificate becomes a part of the active employee's 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 understand that failure to comply with a drug test request or a positive test result may lead to discipline up to and including termination of employment.

Print Name: _____

Signature: _____

Date: _____