

# THE CITY OF MT. VERNON

319 E. DALLAS  
MT. VERNON, MO 65712  
(417) 466-2122

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## POLICY STATEMENT EQUAL EMPLOYMENT OPPORTUNITY

IT IS THE POLICY OF THE CITY OF MOUNT VERNON, MISSOURI TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY TO ALL QUALIFIED PERSONS REGARDLESS OF RACE, COLOR, SEX, RELIGION, VETERAN STATUS, NATIONAL ORIGIN, ANCESTRY, AGE, MARITAL STATUS, DISABILITY OR POLITICAL AFFILIATION. INCLUDED IN THE POLICY IS THE PROHIBITION OF DISCRIMINATION IN EMPLOYMENT, UPGRADING, DEMOTION, TRANSFER, RECRUITMENT, ADVERTISING, LAYOFF, TERMINATION, RATES OF PAY, OR OTHER FORMS OF COMPENSATION OR FRINGE BENEFIT, SELECTION FOR TRAINING AND DEVELOPMENT, AND PARTICIPATION IN A CONTRACTUAL OR OTHER ARRANGEMENT OR RELATIONSHIP.

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## APPLICATION FOR EMPLOYMENT

POSITION/DEPARTMENT APPLYING FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

### PERSONAL DATA

FULL NAME: LAST	FIRST	MIDDLE INITIAL
CURRENT ADDRESS: NUMBER AND STREET	CITY	STATE ZIP
SOCIAL SECURITY NUMBER	HOME PHONE:	WORK PHONE:

1. HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME(S) THAT WE WILL REQUIRE TO VERIFY ANY OF THE INFORMATION ON THIS APPLICATION? IF SO PLEASE LIST: \_\_\_\_\_  
\_\_\_\_\_
2. HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THE CITY OF MT. VERNON BEFORE?  
YES ( ) NO ( ) IF SO, WHEN? \_\_\_\_\_
3. ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? YES ( ) NO ( )
4. ARE YOU ACQUAINTED WITH ANY CITY OF MT. VERNON EMPLOYEES? YES ( ) NO ( )  
IF YES, PLEASE LIST THEM: \_\_\_\_\_
4. ARE YOU 18 YEARS OR OLDER? YES ( ) NO ( )

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**EDUCATION:** LIST ALL HIGH SCHOOL, COLLEGES/UNIVERSITIES YOU HAVE ATTENDED, MOST RECENT FIRST:

NAME OF SCHOOL	MAJOR /CREDIT HOURS	DIPLOMA RECEIVED

## EMPLOYMENT HISTORY/EXPERIENCE

A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT?

YES ( ) NO ( ) IF YES, EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED IN THE PAST THREE (3) YEARS.

CAN WE CONTACT YOUR PRESENT OR MOST RECENT EMPLOYER? YES ( ) NO ( )

I. FROM	TO	NAME/ADDRESS/TELEPHONE OF EMPLOYER		
JOB TITLE		SUPERVISOR		ENDING SALARY/HOURLY WAGES
DESCRIBE DUTIES:				
REASON FOR LEAVING:				
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II. FROM	TO	NAME/ADDRESS/TELEPHONE OF EMPLOYER		
JOB TITLE		SUPERVISOR		ENDING SALARY/HOURLY WAGES
DESCRIBE DUTIES:				
REASON FOR LEAVING:				
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III. FROM	TO	NAME/ADDRESS/TELEPHONE OF EMPLOYER		
JOB TITLE		SUPERVISOR		ENDING SALARY/HOURLY WAGES
DESCRIBE DUTIES:				
REASON FOR LEAVING:				
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IV. FROM	TO	NAME/ADDRESS/TELEPHONE OF EMPLOYER		
JOB TITLE		SUPERVISOR		ENDING SALARY/HOURLY WAGES
DESCRIBE DUTIES:				
REASON FOR LEAVING:				
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V. FROM	TO	NAME/ADDRESS/TELEPHONE OF EMPLOYER		
JOB TITLE		SUPERVISOR		ENDING SALARY/HOURLY WAGES
DESCRIBE DUTIES:				
REASON FOR LEAVING:				

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**REFERENCES**

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST THREE YEARS:

NAME	ADDRESS/ TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED
1			
2			
3			

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**CERTIFICATION OF APPLICANT**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

(READ CAREFULLY BEFORE SIGNING)

I, (PRINT FULL NAME) \_\_\_\_\_, HEREBY CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE THAT ANY MIS-STATEMENTS OR OMISSION OF MATERIAL FACTS WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS FOR EMPLOYMENT WITH THE CITY OF MT. VERNON.

I HEREBY AUTHORIZE THE HOLDER OF THIS RELEASE TO MAKE INQUIRY OF MY PRESENT AND PAST EMPLOYERS REGARDING MY CHARACTER, INTEGRITY, AND REPUTATION.

I AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION REGARDING MY EMPLOYMENT, OR ANY OTHER INFORMATION, WHETHER PERSONAL OR OTHERWISE, THAT MAY OR MAY NOT BE ON THEIR RECORDS, AND RELEASE SAID COMPANY OR PERSON FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER THAT MAY ISSUE FROM FURNISHING SUCH INFORMATION TO THE HOLDER OF THIS RELEASE.

A PHOTOSTATIC OR XEROX COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

<p>** THIS APPLICATION AND ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE CITY OF MT. VERNON AND WILL NOT BE RETURNED.</p>
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## CRIMINAL HISTORY

- A. HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF ANY STATUTE, ORDINANCE, LAW OR REGULATION, BY ANY CIVIL OR MILITARY AUTHORITY, EITHER IN THIS COUNTRY OR ANY OTHER COUNTRY, OTHER THAN TRAFFIC? (ANSWERING YES DOES NOT AUTOMATICALLY BAR A CANDIDATE, DEPENDING ON THE JOB, NATURE AND SERIOUSNESS OF THE CONVICTION AND RELATED REHABILITATION.)

YES ( ) NO ( ) IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## DRIVING HISTORY

- A. LIST ALL OPERATORS LICENSES YOU CURRENTLY HOLD:

STATE	TYPE OF LICENSE	EXPIRATION	LICENSE NUMBER

- B. HAVE YOU EVER HAD A DRIVERS LICENSE SUSPENDED OR REVOKED?

YES ( ) NO ( ) IF YES, EXPLAIN: \_\_\_\_\_

- C. LIST ALL THE DRIVING CITATIONS OR SUMMONS YOU HAVE RECEIVED WITHIN THE LAST THREE YEARS, BEGINNING WITH THE MOST RECENT:

MONTH/YEAR	CHARGE	CITY OR STATE	DISPOSITION

- D. GIVE THE NAME AND ADDRESS OF THE INSURANCE COMPANY WITH WHOM YOU NOW HAVE AUTOMOBILE

INSURANCE: \_\_\_\_\_

- F. HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE? YES ( ) NO ( )

IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

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## MILITARY SERVICE

- A. HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY? YES ( ) NO ( )

IF YES, LIST PERIODS, IF MORE THAN ONE, LIST SEPARATELY:

MONTH/YEAR ENTERED	BRANCH	DISCHARGE DATE	TYPE DISCHARGE	RANK

- B. ARE YOU CURRENTLY A MEMBER OF A MILITARY RESERVE OR NATIONAL GUARD UNIT?

YES ( ) NO ( ) IF YES, WHICH UNIT? \_\_\_\_\_

USE THE SPACE BELOW FOR ANY ADDITIONAL INFORMATION. LIST THE SECTION AND QUESTION NUMBERS TO WHICH THE INFORMATION APPLIES. IF ADDITIONAL SPACE IS REQUIRED, ATTACH ANOTHER SHEET.

QUESTION NUMBER	ADDITIONAL INFORMATION

SIGNATURE: \_\_\_\_\_

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COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUPPLIED ALONG WITH YOUR APPLICATION:

1. DRIVER'S LICENSE
2. SOCIAL SECURITY CARD
3. TRANSCRIPTS OF COLLEGE CREDITS (IF APPLICABLE)
4. ANY PERTINENT INFORMATION (INCLUDING EDUCATIONAL CERTIFICATIONS, VO-TECH SCHOOL INFORMATION, ETC.)
5. RESUME (OPTIONAL)

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FOR DEPARTMENT USE ONLY. DO NOT WRITE BELOW THIS LINE.

DATE APPLICATION RECEIVED \_\_\_\_\_

PRE-EMPLOYMENT CHECK:

(INITIAL/DATE) (ATTACH INFO)

DATE OF INTERVIEW \_\_\_\_\_

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

INITIALS OF INTERVIEWER (S) \_\_\_\_\_

2. REFERENCE(S) \_\_\_\_\_

DATE OF 2<sup>ND</sup> INTERVIEW \_\_\_\_\_

3. SKILLS EXAM \_\_\_\_\_

INITIALS OF INTERVIEWER (S) \_\_\_\_\_

4. EMPLOY. BKGRD. \_\_\_\_\_

HIRE? YES ( ) NO ( )

DATE OF HIRE: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_

DATE OF DRUG TEST: \_\_\_\_\_

# THE CITY OF MT. VERNON

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## CONSENT FORM

I \_\_\_\_\_ UNDERSTAND THAT AS A CONDITION OF MY EMPLOYMENT (IF HIRED) WITH THE  
(PRINT NAME)

CITY OF MT. VERNON, I WILL BE REQUIRED TO TAKE AND PASS A DRUG TEST AND PHYSICAL. I FURTHER UNDERSTAND THAT THE CITY OF MT. VERNON IS A DRUG AND ALCOHOL FREE WORKPLACE. THIS MEANS THAT I MAY BE TESTED RANDOMLY THROUGHOUT MY EMPLOYMENT WITH THE CITY, IN ACCORDANCE WITH THE CITY'S PERSONNEL POLICIES.

MY SIGNATURE AT THE BOTTOM ALSO INDICATES THAT I AM AWARE THAT THE CITY PERFORMS ROUTINE BACKGROUND AND REFERENCE CHECKS. ALL RECORDS FROM THESE CHECKS WILL BE KEPT CONFIDENTIAL.

I FURTHER AGREE CONSENT TO THE MT. VERNON POLICE RUNNING A CRIMINAL HISTORY CHECK, WHICH CHECKS WILL BE KEPT CONFIDENTIAL.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

NOTE: TESTING WILL BE PAID FOR BY THE CITY OF MT. VERNON.