

# APPLICATION FOR EMPLOYMENT

## “AN EQUAL OPPORTUNITY EMPLOYER”



POSITION \_\_\_\_\_

Available to Work:

Full Time  Part Time  Summer  Temporary

**Human Resources Department**

715 W. Mt. Vernon

P.O. Box 395

Nixa, MO 65714

417-724-5626

**INSTRUCTIONS TO APPLICANT:** Complete all pages of this application, either by typing or printing legibly. Please sign the last page. The application and any attachments become the property of the City of Nixa.

<b>1. NAME:</b> Last First Middle _____	<b>2. E-MAIL ADDRESS</b> _____
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<b>3. ADDRESS:</b> Street and Number _____ Apt. No. _____	<b>4. COUNTY</b> _____
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<b>5. CITY</b> _____ <b>STATE</b> _____ <b>ZIP CODE</b> _____	<b>6. TELEPHONE NO. (Area Code)</b> _____ HOME: _____ MESSAGE: _____
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**7. Are you a citizen of the United States?**  Yes  No  
If no, are you permitted to work in the United States?  Yes  No  
Please explain: \_\_\_\_\_

**8. Do you have any relative(s) working for the City of Nixa, serving on the City’s administrative boards or City Council?**  
 Yes  No If yes, provide name(s) and relationship: \_\_\_\_\_  
It is the policy of the City of Nixa not to employ the following relatives of current employees: spouse, child, parent, brother, sister, niece, nephew, cousin, aunt or uncle whether adopted or in-law.

**9. Have you ever been employed by the City of Nixa?**  Yes  No  
If yes, provide dates and department \_\_\_\_\_

**10. Have you been known by any other name?**  Yes  No  
If yes, what name \_\_\_\_\_

**11. Have you ever been convicted of or pled guilty to any federal, state, or municipal criminal offense?**  
(This includes ALL TRAFFIC VIOLATIONS for which you have paid fines.)  Yes  No  
If yes, describe in full \_\_\_\_\_  
Date \_\_\_\_\_ Offense \_\_\_\_\_ Location \_\_\_\_\_  
A conviction will not automatically disqualify you from consideration. We will consider the nature of the offense in relation to the job for which you are applying. We will also consider your record since the offense was committed.

**12. Can you physically and/or mentally perform the essential job functions of the position for which you are applying?**  
 Yes  No  
If no, can reasonable accommodations be made which would allow you to perform the essential job functions?  
 Yes  No

Answers of “yes” or “no” to questions 9-12 do not automatically disqualify you from employment.

**13. Military Service**  
Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Duties/Special Training \_\_\_\_\_ Present military affiliation:  
None \_\_\_\_\_ Reserve (active) \_\_\_\_\_ Reserve (inactive) \_\_\_\_\_

## EMPLOYMENT HISTORY

**LIST ALL POSITIONS** you have held starting with the most recent. If same employer, list different titles each as separate employment. Employment history includes positions held, lapse of employment, and military duty. Use a blank sheet of paper if more room is needed.

**DO NOT indicate "See Resume."** A resume may be attached to provide supporting information, but will not be accepted in lieu of completing this section.

<b>CURRENT OR PREVIOUS</b>	1. Present or last employer	Telephone (    ) _____
	Address - Street, City, State, Zip Code	Employed (month and year) From _____ To _____
	Name and Title of Supervisor/Reference	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	State job title and give a brief description of duties.	Reason for leaving:
<b>PREVIOUS</b>	2. Employer	Telephone (    ) _____
	Address - Street, City, State, Zip Code	Employed (month and year) From _____ To _____
	Name and Title of Supervisor/Reference	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	State job title and give a brief description of duties.	Reason for leaving:
<b>PREVIOUS</b>	3. Employer	Telephone (    ) _____
	Address - Street, City, State, Zip Code	Employed (month and year) From _____ To _____
	Name and Title of Supervisor/Reference	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	State job title and give a brief description of duties.	Reason for leaving:



**EDUCATION RECORD**

Circle last grade completed 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Schools Attended	Name and Location of School	From	To	Major/Field	List Type of Diploma, Degree or Certificate
High School					High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
GED					GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Vocational					
College					
Other					

**PERSONAL REFERENCES (NON-RELATED)**

Full Name	Address	City	State	Zip Code	Work Phone	Home Phone

**MANDATORY FOR POLICE OFFICER POSITIONS ONLY**Have you ever filed an application or job interest card with the City of Nixa?  Yes  No Date \_\_\_\_\_

Date of birth \_\_\_\_\_

Month

Day

Year

**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 of 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, do hereby authorize the City of Nixa to conduct an investigation with respect to my application and release the City, my former employers and personal references from any liability for damage caused by giving and receiving information or opinions as to my employment or character. Any examining doctors, hospitals (public, private, state and including the United States Veterans Administration), may give the City of Nixa any information or data as the result of any examinations made.

I agree to hold the City harmless and in no event shall the City be liable to me for special, indirect, or consequential damages, for the refusal of employment due to information obtained during my background security check.

I understand and agree that the City of Nixa 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 Nixa.

I understand and agree with the City's drug free workplace and that my employment with the City is contingent upon the drug test results.

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

**FOR PERSONNEL DEPARTMENT USE ONLY**Arrange Interview?  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Interviewer DateEmployed?  Yes  No Date of Employment \_\_\_\_\_By \_\_\_\_\_  
Name and Title Date

Notes \_\_\_\_\_