

CITY OF SELIGMAN, MISSOURI

JOB APPLICATION

City of Seligman is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

PLEASE FILL OUT ALL OF THE SECTIONS BELOW:

APPLICANT NAME: _____
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____
TELEPHONE NUMBER: _____
EMAIL ADDRESS: _____

EMPLOYMENT POSITION (Position(s) applying for):

How Did you hear about the position? _____
What days are you available to work? _____
What hours are you available to work? _____
If needed, are you available to work overtime? _____
On what date can you start working of hired? _____
Salary Desired? _____

PERSONAL INFORMATION:

Do you have any friends, relatives, or acquaintances working for the City of Seligman? Yes___ No___
If yes, state name and relationship: _____

Are you 18 years of age or older? _____
Are you a U.S. Citizen or approved to work in the United States? Yes___ No___
What document can you provide as proof of citizenship or legal status? _____

Will you consent to a mandatory controlled substance test? Yes___ No___
Do you have any condition which would require job accommodations? Yes___ No___

Have you ever been convicted of a criminal offense (felony or misdemeanor) No___
If Yes, Explain: _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

JOB SKILLS/QUALIFICATIONS:

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: City of Seligman complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

EDUCATION AND TRAINING:

High School:

College/University:

Vocational School/Specialized Training:

Military:

POST: (Required for Police Officer position)

PREVIOUS EMPLOYMENT:

Name:

Address:

 Phone:

Supervisor:

 Job Title:

Dates:

 Salary:

Reason for leaving:

Name:

Address:

 Phone:

Supervisor:

 Job Title:

Dates:

 Salary:

Reason for leaving:

Applicant Signature:

Date:
