

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application			
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____					
Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (Voluntary)		
Best time to contact you at home is: _____			_____ : _____		
If you are under 18 years of age, can you provide required proof of your eligibility to work?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever filed an application with us before?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
..... If Yes, give date _____					
Have you ever been employed with us before?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, give date _____					
Do any of your friends or relatives, other than spouse, work here?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact your present employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Proof of citizenship or immigration status will be required upon employment.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date available for work ____ / ____ / ____			What is your desired salary range? _____		
Are you available to work:			<input type="checkbox"/> Full-Time (please indicate 1 2 3 shift) <input type="checkbox"/> Part-Time (please indicate Mornings Afternoon Evenings) <input type="checkbox"/> Temporary (please indicate dates available ____ / ____ / ____ - ____ / ____ / ____)		
Are you currently on "lay-off" status and subject to recall?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you travel if a job requires it?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
	From	To	Starting	Final	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
	From	To	Starting	Final	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
	From	To	Starting	Final	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
	From	To	Starting	Final	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/ _____ Salary _____ Department _____

By _____

NAME AND TITLE

DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

1. _____	(_____)	Phone #
<hr/> <hr/>		
(Name)		
(Address)		
2. _____	(_____)	Phone #
<hr/> <hr/>		
(Name)		
(Address)		
3. _____	(_____)	Phone #
<hr/> <hr/>		
(Name)		
(Address)		

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NAME: _____

POSITION: _____

DATE: _____ / _____ / _____

ADDITIONAL INFORMATION FOR APPLICATIONS

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE STATE: _____ NUMBER: _____

PRIOR ARREST RECORD: YES _____ NO _____
(If yes, list all prior arrests, including traffic tickets.)

DATE	CHARGE	DISPOSITION	LOCATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER SERVED IN THE ARMED FORCES? YES _____ NO _____
(If yes, list dates and the discharge given)

DATE	DISCHARGE
_____	_____
_____	_____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, HEREBY AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION
REGARDING MY CRIMINAL HISTORY OR ANY OTHER INFORMATION WHICH MAY BE REQUESTED BY THE CITY OF
BUTLER, MISSOURI, AS PART OF A BACKGROUND INVESTIGATION IN RELATION TO THIS APPLICATION.

APPLICANT'S SIGNATURE

DATE

ALL DRIVERS WITH DOT REGULATED EMPLOYMENT DURING THE PAST 3 YEARS

Effective 10/29/04

Per DOT regulation 391.23 (i)(1). You have the following rights regarding the investigative information that will be provided to the prospective employer regarding employment and drug and alcohol testing background checks.

- 1) The right to review information provided by previous employers.
- 2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
- 3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request unless the previous employer has not responded. In that case, the prospective employer has five (5) business days to respond to the driver from the time they receive the information from the previous employer.

The driver must make arrangements to receive the information requested within 30 days of the prospective employer having made it available. If the driver does not pick up or make arrangements to receive the records within 30 days, the prospective employer may consider the driver to have waived his/her rights to the information.