



5490 Fifth Street
Cottleville, Mo 63304

GENERAL APPLICATION FOR EMPLOYMENT

The City of Cottleville considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status.

ALL APPLICANTS ARE EXPECTED TO ANSWER ALL QUESTIONS ON THIS APPLICATION.
ANSWER "NONE" OR "NOT APPLICABLE" WHERE NECESSARY.

IF APPLYING FOR MORE THAN ONE POSITION, YOU MUST FILL OUT A SEPARATE APPLICATION FOR EACH.
(PLEASE PRINT LEGIBLY)

Position Applying For		Date of Application	
Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Telephone Number	Email Address	Social Security Number	

If you are under 18 Years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed by the City of Cottleville in any capacity? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally eligible for employment in this country? Yes No

Proof of citizenship or Immigration status will be required upon employment.

On what date would you be available to work? _____

Are you available to work: Full-Time Part-Time Temporary Date Available

(Dates Available: ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

	Name & Address Of School	Course of Study	Years Completed	Diploma Or Degree
High School				
Colleges/ Universities				
Business/ Trade School				

Special Skills and Qualifications

Describe any specialized training, apprenticeship, skills and extra-curricular activities.
Describe any job related training received in the United States military.
State any additional information you feel may be helpful to us in considering your application.
Summarize special job related skills and qualifications acquired from employment or other experience.

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Employment Experience

*Start with your present or last job. Include any job-related military service assignments and volunteer activities.
Please provide COMPLETE information on previous employers.*

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

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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.

References

Give name, address and telephone number of three references. **Do not use previous employers, supervisors or relatives:**

Name	Address	Home TX
		Cell/Pager
Name	Address	Home TX
		Cell/Pager
Name	Address	Home TX
		Cell/Pager

Specialized Skills

Check Skills/Equipment Operated

Office Technical	Light Equipment	Heavy Equipment	Vehicle
___ MS Word			
___ MS Excel			
___ MS Access			
___ MS Power Point			
___ Desktop Publishing			
Other:			
Other:			
Other:	Valid CDL (circle one) YES NO Type:		

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

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 6 months. 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. It is further understood that this "at will" employment relationship may not be changed by a written document or by conduct unless such change is specifically agreed to in writing by the City Administrator of this organization.

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

PUBLIC NOTICE

This notice is published pursuant to the requirements of Subtitle A of Title II of the Americans with Disabilities Act, as published in the Federal Register on July 26, 1991. Subtitle A prohibits discrimination by public entities on the basis of disability. The regulations, effective January 26, 1992, cover the programs, activities, and services of local governments. Public entities are also prohibited from discrimination on the basis of disability in regards to employment. The City of Cottleville, Missouri advises the public, employees, and job applicants that it does not discriminate on the basis of disability in regard to its programs, activities, services, or employment practices.

The City Administrator is designated as the contact to coordinate efforts to comply with this requirement. Inquiries should be directed to:

City Administrator
5490 Fifth Street
Cottleville, Missouri 63304

(636) 498-6565