



APPLICATION FOR EMPLOYMENT

City of Smithville
 107 W. Main Street
 Smithville, MO 64089
 PHONE: 816-532-3897 FAX: 816-532-3990

www.smithvillemo.org

PLEASE PRINT OR TYPE: A RESUME MAY NOT BE SUBSTITUTED FOR THE APPLICATION				
Position(s) applying for:			Date	
Name (Last)		(First)		(MI)
Address (Street)		(City)		(State) (ZIP)
Phone		E-Mail Address		
Are you at least 18?	Date Available	How did you hear about this position?		Anticipated starting salary
EDUCATION AND TRAINING: PLEASE ATTACH COPIES OF OFFICIAL TRANSCRIPTS				
High School	City and State		Last Year Attended	Graduate
Trade School	City and State	Area(s) of study	Last Year Attended	Graduate
College/University	City and State	Area(s) of study	Last Year Attended	Graduate
College/University	City and State	Area(s) of study	Last Year Attended	Graduate
Other	City and State	Area(s) of study	Last Year Attended	Graduate
CURRENT VALID LICENSES/CERTIFICATES (RELATIVE TO THE MINIMUM QUALIFICATIONS FOR POSITION)				
Do you have a valid driver's license?			Do you have a valid commercial driver's license?	
Do you have consistent and reliable transportation?			Provide driver's license number and state, if driving is an essential job function	
MILITARY EXPERIENCE				
Have you served in the U.S. armed forces?		If yes, date active duty started		Which branch of service?
Date of discharge		Type of discharge		Rank at discharge
PERSONAL INFORMATION				
Have you previously been employed by the City of Smithville?			If yes, please provide dates and title.	
List name and relationship of any known relatives working for the City of Smithville.			Are you lawfully authorized to work in the U.S.?	
Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any job? If yes, name employer, date, and reason for each case.				
Have you ever been convicted of a misdemeanor or felony? (excluding minor traffic offenses) If yes, please explain. Conviction of a violation of the law is not automatic bar to employment. Each case is considered on its individual merits; however, falsification of the application will result in disqualification. (Suspended execution of a sentence is a conviction.)				
EXPERIENCE				
Name of employer (current or most recent)			Dates Employed	
Address (street)		City/State		Phone Number

Type of Business	Starting Title	Last Title	Final Salary
Name and Title of Supervisor	May we contact?	If no, please state reason.	

Reason for leaving

Brief description of duties

Name of employer (current or most recent)	Dates Employed
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Address (street)	City/State	Phone Number
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Type of Business	Starting Title	Last Title	Final Salary
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Name and Title of Supervisor	May we contact?	If no, please state reason.	
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Brief description of duties

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Type of Business	Starting Title	Last Title	Final Salary
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Name and Title of Supervisor	May we contact?	If no, please state reason.	
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Reason for leaving

Brief description of duties

BUSINESS REFERENCES

In the space below, list the name, address and phone number of persons known to you, but not related, for at least three years.

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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I hereby certify that the information in this application is true and correct and, if employed, understand that any false or omitted information in this application or its supporting documents will be sufficient grounds for immediate termination. My signature authorizes the City of Smithville to review my previous employment, driving and criminal records and order background data as related to the position for which I am applying. I also agree to provide the necessary information to conduct this background check.

I hereby acknowledge that I have read and understand the above statements.

Signature	Date
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