City of Ozark Application for Employment

It is the policy of the City of Ozark to provide employment, training, compensation, promotion, and other conditions of employment based on qualifications, without regard to race, color, religion, national origin, sex, age, marital or veteran status, the presence of non-job related disability, or any other legally protected status. Potential employees must be at least 16-years-old to be considered for part-time work and 18-years-old to be consdiered for full-time work.

POSITION APPLYING FOR: _____ DATE OF APPLICATION: _____

NOTE: IF YOU ARE APPLYING FOR MORE THAN ONE POSITION, YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH.

HOW DID YOU LEARN ABOUT THIS POSITION?

☐ CITY OF OZARK WEBSITE ☐ RECRUITMENT FAIR ☐ FRIEND OR RELATIVE ☐ OTHER: _____

ABOUT THE APPLICANT

LAST NAME: | FIRST NAME: | MIDDLE NAME:

PHONE NUMBER: | SOCIAL SECURITY NUMBER:

EMAIL ADDRESS:

CURRENT ADDRESS:

ADDRESS | *CITY* | *COUNTY* | *STATE* | *ZIPCODE*

CAN YOU PROVIDE DOCUMENTATION VERIFYING YOU ARE LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? ◯ YES ◯ NO

IF YOU ARE NOT A U.S. CITIZEN, DO YOU HAVE A PERMANENT VISA? ◯ YES ◯ NO

ARE YOU CURRENTLY ELIGIBLE TO WORK IN THE UNITED STATES WITHOUT SPONSORSHIP FOR A TEMPORARY VISA? ◯ YES ◯ NO

ARE YOU FLUENT IN OTHER LANGUAGES OTHER THAN ENGLISH? ◯ YES ◯ NO

IF YES, PLEASE LIST OTHER LANGUAGES

DO YOU HAVE A VALID DRIVER'S LICENSE(DL)? ◯ YES ◯ NO

DRIVER'S LICENSE NUMBER: | WHICH STATE ISSUED YOUR DL?

DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE? ◯ YES ◯ NO CLASS/ENDORSEMENT:

HAVE YOU SERVED IN THE MILITARY? ◯ YES ◯ NO ARE YOU CURRENTLY SERVING IN THE MILITARY? ◯ YES ◯ NO

IF YES, WHICH MILITARY BRANCH? | WHAT IS/WAS YOUR RANK?

WHAT DATE DID YOU ENTER THE MILITARY? *MONTH DAY YEAR*

WHAT DATE WERE YOU DISCHARGED? *MONTH DAY YEAR*

DID YOU RECEIVE AN HONORABLE DISCHARGE? ◯ YES ◯ NO

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM EMPLOYMENT? ◯ YES ◯ NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN A MINOR TRAFFIC VIOLATION? ◯ YES ◯ NO

WERE YOU EVER EMPLOYED BY THE CITY OF OZARK? ◯ YES ◯ NO IF YES, WHICH DEPARTMENT?

WHAT DATES WERE YOU EMPLOYED? FROM *MONTH DAY YEAR* TO *MONTH DAY YEAR*

DO YOU HAVE ANY RELATIVES PRESENTLY EMPLOYED BY THE CITY OF OZARK? ◯ YES ◯ NO

DO YOU HAVE ANY RELATIVES CURRENTLY HOLDING ELECTED OFFICE IN CITY GOVERNMENT? ◯ YES ◯ NO

IF YES, TO THE ABOVE QUESTIONS, PLEASE LIST THEIR NAMES, THEIR WORK DEPARTMENT AND RELATIONSHIP TO YOU.

EMPLOYMENT HISTORY

JOB ONE(1):

LIST YOUR LAST NAME DURING THIS EMPLOYMENT IF DIFFERENT:

EMPLOYER NAME: JOB TITLE: STARTING SALARY: $

SUPERVISOR NAME: PHONE NUMBER: FINAL SALARY: $

TYPE OF POSITION: ☐ FULL-TIME ☐ PART-TIME ☐ TEMPORARY ☐ CONTRACTED

EMPLOYER ADDRESS:

ADDRESS *CITY* *COUNTY* *STATE* *ZIPCODE*

DATES WORKED: FROM *MONTH* *DAY* *YEAR* TO *MONTH* *DAY* *YEAR*

DID YOU VOLUNTARILY LEAVE EMPLOYMENT? ◯ YES ◯ NO WERE YOU DISCHARGED FOR DISCIPLINARY REASONS? ◯ YES ◯ NO

PRIMARY DUTIES:

CAN WE CONTACT YOUR PREVIOUS EMPLOYER? ◯ YES ◯ NO

JOB TWO(2)

LIST YOUR LAST NAME DURING THIS EMPLOYMENT IF DIFFERENT:

EMPLOYER NAME: JOB TITLE: STARTING SALARY: $

SUPERVISOR NAME: PHONE NUMBER: FINAL SALARY: $

TYPE OF POSITION: ☐ FULL-TIME ☐ PART-TIME ☐ TEMPORARY ☐ CONTRACTED

EMPLOYER ADDRESS:

ADDRESS *CITY* *COUNTY* *STATE* *ZIPCODE*

DATES WORKED: FROM *MONTH* *DAY* *YEAR* TO *MONTH* *DAY* *YEAR*

DID YOU VOLUNTARILY LEAVE EMPLOYMENT? ◯ YES ◯ NO WERE YOU DISCHARGED FOR DISCIPLINARY REASONS? ◯ YES ◯ NO

PRIMARY DUTIES:

CAN WE CONTACT YOUR PREVIOUS EMPLOYER? ◯ YES ◯ NO

JOB THREE(3)

LIST YOUR LAST NAME DURING THIS EMPLOYMENT IF DIFFERENT:

EMPLOYER NAME: JOB TITLE: STARTING SALARY: $

SUPERVISOR NAME: PHONE NUMBER: FINAL SALARY: $

TYPE OF POSITION: ☐ FULL-TIME ☐ PART-TIME ☐ TEMPORARY ☐ CONTRACTED

EMPLOYER ADDRESS:

ADDRESS *CITY* *COUNTY* *STATE* *ZIPCODE*

DATES WORKED: FROM *MONTH* *DAY* *YEAR* TO *MONTH* *DAY* *YEAR*

DID YOU VOLUNTARILY LEAVE EMPLOYMENT? ◯ YES ◯ NO WERE YOU DISCHARGED FOR DISCIPLINARY REASONS? ◯ YES ◯ NO

PRIMARY DUTIES:

CAN WE CONTACT YOUR PREVIOUS EMPLOYER? ◯ YES ◯ NO

JOB INTEREST

SALARY INFORMATION

DESIRED WAGE OR SALARY: $ _____ /HOURLY $ _____ /ANNUALLY

**IF THE CITY IS UNABLE TO CONSIDER PAYING YOUR SALARY REQUIREMENT, YOU MAY BE DISQUALIFIED FROM FURTHER CONSIDERATION.*

AVAILABILITY

DATE AVAILABLE FOR EMPLOYMENT: ____ ____ ____ *MONTH DAY YEAR*

IF A JOB IS OFFERED TO YOU, HOW MUCH NOTICE MUST YOU GIVE YOUR CURRENT EMPLOYER? _____

CHECK THE FOLLOWING YOU ARE WILLING TO WORK: *(CHECK ALL THAT APPLY)*

☐ FULL-TIME ☐ PART-TIME ☐ TEMPORARY ☐ DAYS ☐ NIGHTS ☐ WEEKENDS ☐ SHIFTWORK

EDUCATION & TRAINING

	NAME & LOCATION	GRADE COMPLETED	DID YOU GRADUATE?	GPA	DEGREE	MAJOR/MINORS
HIGH SCHOOL						
COLLEGE						
GRADUATE SCHOOL						
BUSINESS SCHOOL						
VOCATIONAL/TECH						

IF A LICENSE, CERTIFICATE, OR OTHER AUTHORIZATION TO PRACTICE A TRADE OR PROFESSION IS REQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING, PLEASE COMPLETE THE FOLLOWING QUESTIONS: (JOURNEYMAN, ELECTRICIAN, LPN, WASTEWATER LICENSE, ETC.)

NAME OF TRADE, PROFESSION OR CERTIFICATION: _____

LICENSE NUMBER: _____ GRANTED BY: _____ CITY/STATE: _____

SPECIALTY: _____ LICENSED: FROM ____ ____ ____ TO ____ ____ ____

MONTH DAY YEAR MONTH DAY YEAR

JOB REFERENCES

FULL NAME: _____ TITLE: _____ PHONE NUMBER: _____

FULL NAME: _____ TITLE: _____ PHONE NUMBER: _____

FULL NAME: _____ TITLE: _____ PHONE NUMBER: _____

SIGNATURE: _____ DATE : _____