



CITY OF BELTON  
 506 Main Street  
 Belton, Mo. 64012  
 (816) 331-4331  
 Fax (816) 322-4620

# APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY

Work Location \_\_\_\_\_ Rate \_\_\_\_\_  
 Position \_\_\_\_\_ Date \_\_\_\_\_

(PLEASE PRINT CLEARLY)

## PERSONAL

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present address \_\_\_\_\_ Telephone No. \_\_\_\_\_

No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, verification will be required.)

Are you of the legal age to work? \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If Yes, please explain. \_\_\_\_\_

Are you related to anyone currently working for the City of Belton? \_\_\_\_\_ Name: \_\_\_\_\_

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.) \_\_\_\_\_

## RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma Or Degree
			5	6	7	8		
Elementary		X					<input type="checkbox"/> Yes <input type="checkbox"/> No	X
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**List below present and past employment, beginning with your most recent**

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed \_\_\_\_\_

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s). \_\_\_\_\_

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

**MILITARY SERVICE RECORD**

Were you in U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? \_\_\_\_\_



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**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

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Signature of Applicant