

**Employment Application**  
**City of Richmond, MO**  
**205 Summit St. Richmond, MO 64085**

An Equal Opportunity Employer

Please be advised, this application for employment will be kept in an active file for 30 days from the date received by the City of Richmond. Consideration for employment after 30 days requires submission of a new application.

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		Cell Phone				
Date Available				Desired Salary		
Position Applied for						
Are you authorized to work in the U.S.?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Are you 18 years of age or older?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Do you have a valid driver's license?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Have you ever been employed with the City of Richmond?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
		If yes, provide date(s):				
Are you able to work overtime?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Do any of your friends or relatives work here?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
		If yes, provide name(s)/relationship(s):				
Are you available to work:		FT <input type="checkbox"/>		PT <input type="checkbox"/>		
		Temporary <input type="checkbox"/>				
EDUCATION						
High School		Did you graduate?				
College		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
REFERENCES						
Please list three professional references who have knowledge of your work performance and experience.						
Full Name			Relationship			
Company			Phone ( )			
Address						
Full Name			Relationship			
Company			Phone ( )			
Address						
Full Name			Relationship			
Company			Phone ( )			

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Address	
<b>U.S. MILITARY SERVICE</b>	
Number of Years Served	Branch of Service
Rank Achieved	Occupational Specialty
Special Training	

**PREVIOUS EMPLOYMENT**  
 Please list all previous employment for the past ten (10) years with your present or most recent employer first.  
 Please explain any time lapses between employers during the past 10 years. Use additional sheets as necessary.

Company		Phone (    )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone (    )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone (    )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		

**DISCLAIMER AND SIGNATURE**

I certify that the information given by me is true and complete to the best of my knowledge and belief. I understand that should an investigation at any time disclose any such misrepresentation, falsification or concealment as to a material fact, it will be sufficient grounds for rejection of my application and/or removal from employment. I authorize the City of Richmond to investigate, obtain and compile information concerning my employment history; to obtain a copy of my college transcripts, and to conduct pre-employment background checks, including information pertaining to any convictions for criminal acts and other checks deemed appropriate. I release the City of Richmond and its representing agency from any legal liability that may result from these investigations. I understand that any offer of employment is conditional upon results of background checks and upon proof of legal authorization to work in the United States. This application, when completed and signed, becomes the property of the City of Richmond.

Signature

Date