



CITY OF GRAIN VALLEY, MISSOURI
 Department of Personnel
 711 Main Street
 Grain Valley, MO 64029
 Telephone 816/847-6200
 Fax 816/847-6209

EMPLOYMENT APPLICATION

As An Equal Opportunity Employer: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, status or disability, except where a reasonable, bona fide occupational qualification exists.

Please Print or Type Plainly:

Date: _____

Name: _____
 (Last) (First) (Middle)

Position applied for: _____

Will you consider another position if available? ___ Yes ___ No

Present Address: _____
 (Number and Street) (City) (State) (Zip)

Email Address: _____

Phone Number: _____ Social Security No. _____

Are you legally eligible for employment in the United States? ___ Yes ___ No

Will you work: ___ Full-Time ___ Part-Time ___ Seasonal or Temporary

Will you work overtime, if asked? ___ Yes ___ No

List the date you would be available to start working _____

Expected Hourly / weekly pay: _____

If employed and you are under 18, can you furnish a work permit? ___ Yes ___ No

Police Officer Applicants Only: Are you 21 years of age or older? ___ Yes ___ No

Have you been convicted of a Felony or Criminal Misdemeanor? Yes No
(Conviction will not necessarily disqualify applicant from employment.)

If you answered "Yes" please explain: _____

A valid Missouri driver's license may be required for this position. Please complete:

(State) (License Number) (Expiration Date)

Is your driver's license a Commercial Driver's License (CDL)? Yes No

If so, what Class? _____

Do you have any relatives working for the City? If so, please list their names and relationship to you: _____

Veteran of the U.S. Military Service? Yes No **(Police Only)**

EDUCATION

Give your complete educational history below. The "Remarks" section may be used to explain or supplement your education record; for example, special courses, skills, experience, etc.

High School College/University Graduate

School Name: _____

Years completed
(Please circle): 9 10 11 12 1 2 3 4 1 2 3 4

Diploma / Degree: _____

Describe Course of Study: _____

Honors received: _____

Remarks: _____

EMPLOYMENT HISTORY

List employment for at least the past 10 years. Begin with your present position (or, if unemployed, your most recent employment) and work back. (Use additional pages if needed.)

From	____/____	to	____/____	Job Title: _____	Salary: _____	hour	month	or year
	month		month					
	year		year					
Employer:	_____ Address: _____							
Employer phone:	_____ Reason for leaving: _____							
Supervisor:	_____ Job duties: _____							

From	____/____	to	____/____	Job Title: _____	Salary: _____	hour	month	or year
	month		month					
	year		year					
Employer:	_____ Address: _____							
Employer phone:	_____ Reason for leaving: _____							
Supervisor:	_____ Job duties: _____							

From	____/____	to	____/____	Job Title: _____	Salary: _____	hour	month	or year
	month		month					
	year		year					
Employer:	_____ Address: _____							
Employer phone:	_____ Reason for leaving: _____							
Supervisor:	_____ Job duties: _____							

From	____/____	to	____/____	Job Title: _____	Salary: _____	hour	month	or year
	month		month					
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Employer:	_____ Address: _____							
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Supervisor:	_____ Job duties: _____							

From	____/____	to	____/____	Job Title: _____	Salary: _____	hour	month	or year
	month		month					
	year		year					
Employer:	_____ Address: _____							
Employer phone:	_____ Reason for leaving: _____							
Supervisor:	_____ Job duties: _____							

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience:

May we contact your present employer as to your qualifications and character?

Yes No

I voluntarily give the City of Grain Valley the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or corporations supplying such information.

I agree to wear or use protective clothing or devices as required by the City of Grain Valley and to comply with applicable safety rules.

I understand that I may be required to submit to a pre-employment drug test and/or polygraph examination.

I further understand that any false answers or statements made by me on this application for any supplement thereto, or in connection with the above mentioned investigation, may be sufficient grounds for immediate discharge, regardless of the length of employment.

Applications will remain active for three (3) months.

Date: _____ Signature of Applicant: _____

How did you find out about this position?

Newspaper: Kansas City Star Examiner Pointe

Other (Please specify) _____

Cable TV Employee referral (Please list employee) _____

Other: _____

City of Grain Valley

AUTHORITY FOR RELEASE OF INFORMATION

Applicant Name: _____

Date: _____

Social Security Number: _____

By my signature below, I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by an to any duly authorized agent of the City of Grain Valley whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had, an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Grain Valley. I understand that all materials pertaining to this background investigation become the property of the City of Grain Valley and will not be returned to me.

I agree to indemnify and hold harmless the person presenting this request and the person to whom this request is presented and his/her agents, employers and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of initiating or complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature _____

Street Address _____

City / State / Zip _____

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES

This organization is an Equal Opportunity Employer. The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with federal government guidelines which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but you are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this employer is required to note race and sex on the basis of visual observation or surname.

This Voluntary Information Sheet will be kept in a confidential file separate from the Application for Employment.

Position applied for: _____ Date: _____

I wish to furnish this information: _____
(Please print your name)

I do not wish to furnish this information: _____
(Please print your name)

Please check: Male Female

ETHNIC CATEGORY (CHECK ONE):

_____ **WHITE** (Not of Hispanic Origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **BLACK** (Not of Hispanic Origin) – All persons having origins in any of the Black racial groups of Africa.

_____ **ASIAN OR PACIFIC ISLANDER** – All persons having origins in any of the original peoples of the Far East, Southeast Asia and Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

_____ **AMERICAN INDIAN OR ALSKAN NATIVE** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

_____ **HISPANIC** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **OTHER** – Please specify _____

PLEASE CHECK IF THE FOLLOWING CATEGORIES ARE ALSO APPLICABLE:

_____ **DISABLED INDIVIDUAL** – Any person who: (1) has a physical or mental impairment that substantially limits one or more of his or her major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. A disability in securing, retaining, or advancing in employment.

_____ **VETERAN ELIGIBILITY** – Served in armed forces between August 5, 1964 and May 7, 1975; or a veteran with a disability, service connected or otherwise.