

Application for Employment

Law Enforcement

Please Print



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name			Social Security #		
Last	First	Middle	-	-	
Address					
Street	City	State	Zip Code		
Telephone ()	Mobile/Beeper/Other Phone ()	E-mail address			
Position(s) applied for					

Referral Source (Please check the appropriate category and name the source.)

<input type="checkbox"/> Walk-in:	<input type="checkbox"/> School:
<input type="checkbox"/> Employee:	<input type="checkbox"/> Job Fair:
<input type="checkbox"/> Advertisement:	<input type="checkbox"/> Staffing Agency:
<input type="checkbox"/> City of Grandview Website:	<input type="checkbox"/> Government Employment Agency:
<input type="checkbox"/> Other Internet:	<input type="checkbox"/> Other:

If necessary, best time to call you at home is _____ : _____ am/pm May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , work number and best time to call: _____ : _____ am/pm If you are under 18 and it is required, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain _____ Have you submitted an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , give date(s) and position(s) _____ Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , give date(s) From ____/____/____ To ____/____/____ Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No Date available for work ____/____/____ What is your desired salary range or hourly rate of pay? \$ _____ Per _____ Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Educational Co-Op <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Do you have any relatives employed by the City of Grandview? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please list their name(s) and relationship(s): _____ If they have been explained to you, are you able to meet the attendance requirements of the position? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain _____ Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? <small>This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information about the job's "essential functions" to respond Driver's license number required if driving may be required in the job for which you are applying: Number: _____ State: _____ Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. Have you pled "guilty" or "no contest" to or been convicted of a crime? If yes , please provide date(s) and details: <input type="checkbox"/> Yes <input type="checkbox"/> No
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AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ())	Month	Year	Month	Year
Street address		Dates employed: / to /			
City		State			
Starting job title/final job title					
Immediate supervisor and title (for most recent position held)		May we contact for reference?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Why did you leave?					
Summarize the type of work performed and job responsibilities:					
What did you like the most about your position?					
What were the things you liked least about the position?					

Employer	Telephone # ())	Month	Year	Month	Year
Street address		Dates employed: / to /			
City		State			
Starting job title/final job title					
Immediate supervisor and title (for most recent position held)		May we contact for reference?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
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Immediate supervisor and title (for most recent position held)		May we contact for reference?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Why did you leave?					
Summarize the type of work performed and job responsibilities:					
What did you like the most about your position?					
What were the things you liked least about the position?					

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?
If **yes**, please explain

	Yes	No
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Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes, Include software titles and years of experience)			
Word Processing:	Years:	Internet:	Years:
Spreadsheet:	Years:	Other:	Years:
Presentation:	Years:	Other:	Years:
E-mail:	Years:	Other:	Years:

Educational Background

(Starting with your most recent school attended, provide the following information:

School (include City & State)	Years Completed	Completed		GPA Class Rank	Major/Minor
		Diploma	GED		
		Diploma	GED		
		Degree:			
		Certification:			
		Other:			
		Diploma	GED		
		Degree:			
		Certification:			
		Other:			
		Diploma	GED		
		Degree:			
		Certification:			
		Other:			

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors.

If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Offices Held

Related Information (continued)

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain:

Is there any other job-related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the City of Grandview is true, complete and correct.

I expressly authorize, without reservation, the City of Grandview, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employers, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and the federal immigrations laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant:

Date: / /