



CITY OF PARKVILLE · 8880 Clark Avenue · Parkville, MO 64152 · (816) 741-7676 · FAX (816) 741-0013

EMPLOYMENT APPLICATION FORM

Notice to Applicant: We appreciate your interest in the City of Parkville and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in evaluating your qualifications and may assist us in future promotions. It is to your advantage to give complete and detailed answers to the questions in this application.

READ: It is the policy of the City that members of an immediate family shall not be employed under the same supervision. Neither shall two members of an immediate family be employed at the same time regardless of the administrative department, if such employment will result in an employee supervising a member of his/her immediate family. This policy applies to promotions, demotions, transfers, reinstatements, and new appointments. The provisions of this section shall not be retroactive, and no action is to be taken concerning those members of the same family employed at the time of the adoption of this section. Immediate family is defined as wife, husband, mother, father, brother, sister, son, daughter, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparents, grandchildren, stepmother, stepfather, brother-in-law, sister-in-law, uncle and/or aunt.

NAME (Last, First, MI)		SSN			
For checking prior records, provide pre	vious names (if any, u	nder which your rec	cords exist:		
Street Address:		City:	State: Zij	p:	
Home Phone:	Work Phone:		Cell Phone:		
Position(s) Desired:					
(1)		(2)			
Employment Desired:					
☐ Full-time ☐ Part-time ☐ Temp	orary Date av	ailable for work:			
List relatives currently employed by the	e City of Parkville or p	ut N/A:			
Are you a citizen of the United States?	☐ Yes ☐ No				
Do you have permanent resident status	in the United States?	\square Yes \square No			
If you are not a citizen, are you prevent	ed from becoming law	fully employed bec	ause of visa or immigration status?	Yes No	
Explain:					
Have you been convicted of any crimin	al offenses other than a	minor traffic violati	ons?		

Disclosure of a criminal record will not necessarily disqualify you from employment consideration. Each conviction will be evaluated on its own merit with respect to time, circumstances, and seriousness in relation to the job for which you are applying. However, failure to disclose such information may result in disqualifying you from employment consideration or termination of employment.

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

Name and Address of	Froi	From To		Го						
Company and Type of					Starting Salary	Ending Salary				
Business	Mo.	Yr.	Mo.	Yr.	(Monthly)	(Monthly)	Name of Supervisor			
	Design describe the years you did.									
	Briefly describe the work you did:									
Position Held:						Telephone:				
Name and Address of	Fro	m	Т	Го						
Company and Type of		* 7	3.7	*7	Starting Salary	Ending Salary				
Business	Mo.	Yr.	Mo.	Yr.	(Monthly)	(Monthly)	Name of Supervisor			
	Briefly describe the work you did:									
				3						
Position Held:						Telephone:				
Name and Address of	Froi	m	1 7	Го						
Company and Type of	FIOI	111	1	10	Starting Salary	Ending Salary				
Business	Mo.	Yr.	Mo.	Yr.	(Monthly)	(Monthly)	Name of Supervisor			
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	Briefly describe the work you did:									
Position Held:						Telephone:				
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Name and Address of	Froi	m	7	Го						
Company and Type of					Starting Salary	Ending Salary				
Business	Mo.	Yr.	Mo.	Yr.	(Monthly)	(Monthly)	Name of Supervisor			
	Briefly describe the work you did:									
Position Held:						Telephone:				
A		1	1	. 41						
Account for any time you were unemployed by stating the nature of your activities:										
Have you ever supervised employees? \square Yes \square No										
Do you authorize inquiry about you from your previous employers? \square Yes \square No										
All but										

Educational Background

	Name of School	Location	Dates Attended	Major Studies	Degree or Diploma Received		
High School					Received		
Relevant to the job(s) operations you are fan		ring, please list those s	kills you have acquired	, as well as types of ma	chines with whose		
Do you have any hobb	pies or interests that hav	e a direct bearing on the	he job(s) for which you	are applying? Yes	\square No. If so, list:		
List professional as we you are applying.	ell as volunteer organiza	ation or societies that l	nave a direct bearing up	on your qualifications	for the job(s) for which		
Do you have a current	Driver's License?	Yes 🗆 No	Do you have a curren	t CDL?	No		
If so, give license num	aber, state of issuance an	nd class identification:					
Was your license ever	suspended or revoked?	\square Yes \square No					
Do you currently have	points against your lice	ense? 🗆 Yes 🗆 No	0				
List three (3) personal acquaintances who can give reference of your character, ability and so forth. Do not include relatives or former employers.							
Name	Address		Telephone	Occupation	Years		
Traine	(street, city, state)		relephone	Occupation	Acquainted		
	,				•		
PLEASE 1	READ THE FOLLOWI	NG STATEMENT C	AREFULLY BEFORE	SIGNING THIS APPL	ICATION		
accept employment.		led in this Application	e is in no way obligated in for Employment is tr by dismissal.				
hereby grant the City		ersonal background in	er's license verification formation except where				
Signature			Date				