

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)					
For checking prior records, provide previous names (if	any, under which your re	cords exist:			
Street Address:	City:	S	tate:	Zip:	
Email Address:	Work Phone:		Cell Phone: _		
Position(s) Desired:					
(1)	(2)				
Employment Desired:					
☐ Full-time ☐ Part-time ☐ Temporary I	Date available for work (N	/IM/DD/YYYY):			
List relatives currently employed by the City of Parkvi	lle or put N/A:				
Are you a citizen of the United States?					
Do you have permanent resident status in the United Status in the United Status are not a citizen, are you prevented from become			iaration stat	ug? 🗆 Vog	
Explain:					
Have you been convicted of any criminal offenses other	er than minor traffic violat	ions?	□ No		

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:

Company Name		From Mo. Yr.	Mo. Yr.	Starting Salary (Monthly)	Ending Salary (Monthly)	Name of Supervisor
Company Address						
Type of Business		Briefly describe the work you did (750 characters or less):				
Telephone						
Position Held						
Company Name		From Mo. Yr.	To Mo. Yr.	Starting Salary (Monthly)	Ending Salary (Monthly)	Name of Supervisor
Company Address						
Type of Business		Briefly descri	be the work you	did (750 charac	eters or less):	
Telephone						
Position Held						
Company Name		From Mo. Yr.	To Mo. Yr.	Starting Salary (Monthly)	Ending Salary (Monthly)	Name of Supervisor
Company Address				3/		
Type of Business		Briefly describe the work you did (750 characters or less):				
Telephone						
Position Held						
Company Name		From Mo. Yr.	To Mo. Yr.	Starting Salary (Monthly)	Ending Salary (Monthly)	Name of Supervisor
Company Address						
Type of Business		Briefly describe the work you did (750 characters or less):				
Telephone						
Position Held						
Account for any time you were unemployed by stating the nature of your activities:						
Have you ever supervised employees?						
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		ing, please list those	skills you have acquired,	as well as types of ma	ichines with whose
Do you have any hobb	pies or interests that have	e a direct bearing on t	he job(s) for which you	are applying?   Yes	$\square$ No. If so, list:
List professional as wyou are applying.	ell as volunteer organiza	tion or societies that	have a direct bearing upo	on your qualifications	for the job(s) for which
Do you have a current	Driver's License?  Y	es □ No	Do you have a current	CDL? Yes	No
	nber, state of issuance and suspended or revoked?		:		
•	e points against your lice		0		
List three (3) personal employers.	acquaintances who can	give reference of you	ır character, ability and s	o forth. Do not includ	e relatives or former
Name	Address (street, city, state)		Telephone	Occupation	Years Acquainted
PLEASE	READ THE FOLLOWI	NG STATEMENT C	AREFULLY BEFORE S	SIGNING THIS APPL	 ICATION
In filling out this appl accept employment.	ication, I understand tha	t the City of Parkville ed in this Applicatio	e is in no way obligated in for Employment is tru	to provide employmer	nt nor am I <u>obligated</u> to
hereby grant the City		rsonal background ir	er's license verification nformation except where		
Signature	Date (M/D/YYYY)				