



Employment Application

Please print and answer all questions. If one does not apply, insert or check "n/a". If additional space is required to adequately answer a question, please indicate by an asterisk (*) and identify the supplemental information on a separate sheet.

When reading and answering these questions, please keep in mind that none of the questions are intended to imply limitations, preferences, or discrimination based on age, sex, marital status, race, creed, color, national origin, or existence of any sensory, mental, or physical disability that does not interfere with the performance of the position for which you are applying.

Office Locations: (please check all for which you are applying)

- 201 North Locust St. 312 West Washington 111 South 10th St. 204 Crescent St. 316 S. 2nd
- Monroe City, Mo 63456 Kirksville, Mo 63501 Hannibal, Mo 63401 Macon, Mo 63552 Shelbina, Mo 63468
- (573) 735-4282 (660) 627-1749 (573) 221-5991 (660) 385-6325 (573) 588-7919

Position applying for _____ Date _____

Personal Background

Name _____
Last First Middle Initial Soc. Sec. No.

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Date available for work _____ Salary requirement \$ _____ per _____

Email Address: _____

Have you the legal right to work in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No

If yes, explain (A conviction will not necessarily disqualify you from the job.) _____

I prefer: Part-time Full-time
Will you work overtime if asked? Yes No

Hours available for work:
Mon. _____ Weds. _____ Fri. _____

Tues. _____ Thurs. _____ Sat. _____ Sun. _____

Emergency contact
Name _____ Phone _____

Relationship _____

Employment

Company Name	Telephone ()
Address	Employed- (Month & Year)
Name of supervisor	Weekly Pay- (Starting & Ending)
Title & description of work	Reason for leaving

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Skills

Foreign languages: (Proficiency to speak, read or write)_____

Typing Yes _____ wpm No

List other special skills, technical or professional knowledge or use of machines _____

Organizations

Please tell us about any clubs, groups or organizations you belong to.

1. Organization:_____ Activities/Position:_____
2. Organization:_____ Activities/Position:_____
3. Organization:_____ Activities/Position:_____

Educational Record

School Attended Name City State Circle last year completed Major area of study Grade point average Degree

High School _____ 1 2 3 4

Junior College _____ 1 2 3 4

College _____ 1 2 3 4

Graduate School _____ 1 2 3 4

Trade School _____ 1 2 3 4

Other _____ 1 2 3 4

To support your application list any additional training or seminars _____

List any licenses, certificates, publications or professional achievements _____

Please read the following before signing this application

1. I declare that my answers to the questions in this application are true to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for is cause for dismissal.
2. I understand that any false or incorrect statement or omission of a fact on this application or during the applicant screening process shall result in rejection of my application or my dismissal.
3. I understand that the consideration of my application does not constitute an obligation to offer employment. I authorize investigation of all statement contained in this application.

I have read and understand the above.

Date

(Signature of Applicant)