

City of Canton

Canton, Missouri 63435

Application for Employment

An Equal Opportunity Employer

GENERAL

Date: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Phone Number(s): Home _____ Cell: _____

E-mail: _____

Position Applying for: _____ Salary: _____

Date Available to begin work? _____

Are you at least 18 years of age? _____ Are you a U.S. Citizen? _____ If not, can you provide a Work Visa? _____

Do you have relatives that are employed by the City of Canton? _____ If yes, whom? _____

Have you ever been employed by the City of Canton before? _____ If yes, when? _____

Have you ever been convicted of a crime other than a minor traffic violation? _____

If yes, please explain: _____

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EMPLOYMENT HISTORY

Are you currently employed? _____ Are you currently on "lay-off" status? _____

Please list, beginning with present or most recent, all previous employers.

Company Name:			
Address:			
Phone Number:		Supervisor:	
Position/Title:		Dates Employed: From To	
Hourly Rate/Salary: Starting Final		Reason for Leaving:	
Duties Performed:			

Company Name:			
Address:			
Phone Number:		Supervisor:	
Position/Title:		Dates Employed: From To	
Hourly Rate/Salary: Starting Final		Reason for Leaving:	
Duties Performed:			

Company Name:			
Address:			
Phone Number:		Supervisor:	
Position/Title:		Dates Employed: From To	
Hourly Rate/Salary: Starting Final		Reason for Leaving:	
Duties Performed:			

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MILITARY SERVICE

Please describe any job-related training received in the United States Military.

EDUCATION

School	Name and Address	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate or Professional				
Business or Trade School				
Other (Specify)				

Any special skills or additional qualifications? _____

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PERSONAL/PROFESSIONAL REFERENCES

Please list three (3) people who have known you for at least five (5) years.

Please DO NOT list family members or past supervisors.

Name	Phone Number	Occupation
1)		
2)		
3)		

APPLICANT'S STATEMENT

I voluntarily give the City of Canton my consent and authority to examine and obtain copies of records and receive statements and information regarding my background. Specifically, I authorize the release of the following data or records: Employment; Educational; Police and Criminal; Motor Vehicle and Driving.

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

Signature of Applicant

Date