



APPLICATION FOR EMPLOYMENT

To be filed with the Human Resources Department:

602 S. Main St., Joplin, MO 64801, 417.624.0820

Hours 8-5/ M-F

(PLEASE PRINT IN INK OR TYPE)

The Civil Rights Act of 1964, Title 8, Title 6, Civil Rights Act of 1974; Executive Orders 11246; 12067; 11375; 12550; Public Law 90-202; Public Law 93-112, As amended prohibit discrimination based on race, color, religion, sex, national origin, age, disability, veteran or status as a disabled veteran. The City of Joplin is an Equal Opportunity Employer.

Social Security Number (Optional): _____ - _____ - _____

GENERAL APPLICANT INFORMATION:

VETERAN'S

Last Name	First Name	MI	A DD214 Member - 4 Version MUST be attached to verify military service and type of discharge.	
Mailing Address			Have you ever served in the military? (If no, skip this section)	Y <input type="checkbox"/> N <input type="checkbox"/>
City	State	Zip	Branch of Service	
Phone Number		Secondary Contact & Number	Serial #	
E-Mail Address (If applicable)			Type of Discharge	
			Dates of Service	
			Referral Source(s):	

POSITION APPLIED FOR:

(Please submit one application per position you are interested in)

AVAILABILITY FOR EMPLOYMENT: Full Time Part Time Seasonal ONLY

IF YOU ANSWER "YES" TO QUESTIONS 1-3 BELOW, MUST GIVE DETAILS ON SEPARATE SHEET.

A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.

- (1) Have you ever been discharged or asked to resign from employment? (If Yes, Please explain on sheet of paper) Y N
- (2) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? (If Yes, Please explain on sheet of paper) Y N
- (3) Do you object to inquiry of your present employer in regard to your employment? (If Yes, Please explain on sheet of paper, before contingent offer we will still need to contact them.) Y N

IF YOU ANSWER "NO" TO QUESTIONS 4-6 BELOW, MUST GIVE DETAILS ON SEPARATE SHEET.

A NO ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.

- (4) It is the policy of the City of Joplin to compensate all non-exempt employees at a premium rate for all hours in excess of the designated work period in the form of compensatory time off or overtime pay. Is this acceptable to you? (If No, Please explain on sheet of paper) Y N
 - (5) Are you legally authorized to work in the United States? Y N
- Work permit and number _____ Date Issued _____
- (6) Do you have a valid social security card? (If No, Please explain on sheet of paper) Y N

NOTE: If you are selected for employment, your social security card must be present to the HR Department before you start work.

Name of Applicant _____

EMPLOYMENT RECORD

List below, the positions you have held starting with your present or most recent employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Be sure to specifically describe each separate assignment in military service. Under "Specific Duties" emphasize your own specific tasks including kind of work and supervisory, technical or other responsibilities so as to give a clear picture of the duties you have performed. If employment included supervisor responsibilities, give number and type of employees supervised. Give as complete information as possible. If you have more than five (5) separate periods of employment, fill out a blank sheet in the same form as outlined below and attach, indicate reason for leaving employment, i.e., Resigned, Dismissed, Layoff, etc...

DO NOT INDICATE "SEE RESUME" OR LEAVE BLANK, A RESUME MAY BE ATTACHED TO PROVIDE ADDITIONAL OR MORE DETAILED INFORMATION, BUT WILL NOT BE ACCEPTED IN LIEU OF COMPLETING THIS SECTION.

1. Present or last employer	_____	Date Employed	_____
Address	_____ City _____ State _____	Date Separated	_____
Phone	_____	Total Yrs. Employed	_____
Supervisor	_____ Dept. _____	Full Time:	Y <input type="checkbox"/> N <input type="checkbox"/>
Mgr./Owner	_____ Starting Salary _____	Part Time: Indicate %	_____
Your Title	_____ Last or Present Salary _____	or # of Hours	_____

1a. Specific Duties: _____

Reason for Leaving: _____

2. Present or last employer	_____	Date Employed	_____
Address	_____ City _____ State _____	Date Separated	_____
Phone	_____	Total Yrs. Employed	_____
Supervisor	_____ Dept. _____	Full Time:	Y <input type="checkbox"/> N <input type="checkbox"/>
Mgr./Owner	_____ Starting Salary _____	Part Time: Indicate %	_____
Your Title	_____ Last or Present Salary _____	or # of Hours	_____

2a. Specific Duties: _____

Reason for Leaving: _____

3. Present or last employer	_____	Date Employed	_____
Address	_____ City _____ State _____	Date Separated	_____
Phone	_____	Total Yrs. Employed	_____
Supervisor	_____ Dept. _____	Full Time:	Y <input type="checkbox"/> N <input type="checkbox"/>
Mgr./Owner	_____ Starting Salary _____	Part Time: Indicate %	_____
Your Title	_____ Last or Present Salary _____	or # of Hours	_____

3a. Specific Duties: _____

Reason for Leaving: _____

Name of Applicant

EMPLOYMENT CONTINUED...

4. Present or last employer			Date Employed	
Address	City	State	Date Separated	
Phone			Total Yrs. Employed	
Supervisor	Dept.		Full Time:	Y <input type="checkbox"/> N <input type="checkbox"/>
Mgr./Owner	Starting Salary		Part Time: Indicate %	
Your Title	Last or Present Salary		or # of Hours	

4a. Specific Duties:

Reason for Leaving:

5. Present or last employer			Date Employed	
Address	City	State	Date Separated	
Phone			Total Yrs. Employed	
Supervisor	Dept.		Full Time:	Y <input type="checkbox"/> N <input type="checkbox"/>
Mgr./Owner	Starting Salary		Part Time: Indicate %	
Your Title	Last or Present Salary		or # of Hours	

5a. Specific Duties:

Reason for Leaving:

LICENSE, CERTIFICATION OR OTHER TRADE:

If YES, please submit documented proof with application		Do you operate a computer?
Do you possess a valid Driver's License?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you possess a valid Commercial Driver's License (CDL)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Speed on computer - WPM
If YES, must check Class Code :	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	List office equipment and computer programs you work with. (e.g. Word, Excel, Outlook, etc.)
Endorsements- check:	T <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> X <input type="checkbox"/> TPXS <input type="checkbox"/>	
CODE: T- Double-Triple Trailer/ P-Passenger Transport/ N-Tank Vehicle/ H- Hazardous Materials/ S-School Bus Authorized/ X- N and H combined/ TPXS- All CDL Endorsements		
If YES, to either or both License, what state(s)?		
Driver's License Number:		

If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions: (Journeylevel, Electrician, LPN, Waste Water license, etc.)

If YES please submit documented proof with application	
Name of trade, profession or certification	License Number
Granted by	City and/or State of
Speciality	Licensed from

List below any in-service training or instruction courses/programs you have completed with the above listed employers. List below any special information as to your work record you may deem of value.

					Name of Applicant			
EDUCATION RECORD								
HIGH SCHOOL EDUCATION:								
Did you graduate from High School or Pass the HST (High School equivalency Test)?						Y <input type="checkbox"/>		N <input type="checkbox"/>
If answered No, can you provide a HST certificate after an employment offer is made?						Y <input type="checkbox"/>		N <input type="checkbox"/>
ADDITIONAL EDUCATION:								
Completion Dates	Course Study	Name and Location of Universities Colleges or Trade School attended	Units Complete		Title of Degree/ Certificate Rec'vd			
			Semester	Total Units				
If Degree received please submit documented proof with application, <u>required</u> for positions that require degree.								
If your employment and educational records are under any other name please provide the name (s):								
If any city employee is a relative please list name and relationship:								
Please provide at least three (3) professional REFERENCES below: (Name, Address, Phone, Relationship, Email)								
Name		Address		Phone		Relationship		Email
APPLICANT SIGNATURE HERE:								
Signature of Applicant						Date		
Information provided on this application, and any supportive documents, will be checked and verified, including any references provided. Falsifying any information on an application will be considered grounds for not hiring the applicant, or if already hired, will be grounds for dismissal. Any applicant who feels as though they were treated unfairly in employment has the right to submit in writing of concern to the Director of Human Resources, 602, S. Main Street, Joplin, Missouri 64801.								
PLEASE READ AND SIGN AUTHORIZATION FOR RELEASE FORM ATTACHED AND SUBMIT WITH APPLICATION								

Name of Applicant

POLICE AND FIRE APPLICANTS ONLY:

Please list below any reserve/ volunteer experience:

Empty box for listing reserve/volunteer experience.

Mandatory for Police Officer and Firefighter Applicants

Are you at least eighteen (18) years of age:

Y N

Date of Birth:

____ - ____ - ____

POLICE APPLICANTS ONLY

(POST CERTIFICATION)

If YES please submit documented proof with application

Have you completed a State-Certified Law Enforcement Academy?

Y N

Name, Location, Date of POST:

Empty box for POST details.

Are you currently in a State-Certified Law Enforcement Academy?

Y N

Name, Location & Graduation Date:

Empty box for current academy details.

FIRE APPLICANTS ONLY

(MUST be IFSAC or National Board Certified)

If YES please submit documented proof with application

Enter Dates If you have completed :

	CERTIFICATION	DATE
Other:	Firefighter I	
	Firefighter II	
	EMT-B	
	Paramedic	

Information provided on this application, and any supportive documents, will be checked and verified, including any references provided. Falsifying any information on an application will be considered grounds for not hiring the applicant, or if already hired, will be grounds for dismissal.

APPLICANT SIGNATURE HERE:

Signature of Applicant

Date

Name of Applicant



Use this Parental Consent Form if applicant is under 18. The application will not be deemed complete until this form is provided with appropriate signatures.

Applicant Name:

SSN:

Parental Authorization for Drug Screen

I do hereby give parental authorization for the pre-employment drug testing of minor listed _____ for consideration regarding a position with the City of Joplin. The drug screen will be administered by FREEMAN OCCUMED and the result will be kept confidential and only released to the City of Joplin Human Resources Department for their review.

Parental Authorization Signature:

Parental Authorization Print Name:

Date:

Fill this form out ONLY if you are under 18 at the time you are filling the application out.

Name of Applicant

APPLICANT INFORMATION FORM

The CITY OF JOPLIN is an Equal Opportunity/ Affirmative Action Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain federal compliance agencies. This information WILL NOT be used in the employment process; and failure to provide the information WILL NOT jeopardize your opportunity for employment with the CITY OF JOPLIN.

NAME TODAY'S DATE

Title of job for which you have applied:

SEX and RACE/ ETHNIC IDENTIFICATION

SEX: Male Female (Please Check one)

RACE/ ETHNIC: For the purpose of Equal Opportunity, race/ethnic categories are identified as follows... Please check the category which identifies your race/ ethnic background.

WHITE (Not of hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

BLACK (Not of hispanic origin) - All persons having origins in any of the Black racial groups of Africa.

HISPANIC All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

ASIAN or PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands. (Example... China Japan, Korea, the Phillipine Islands and Samoa).

AMERICAN INDIAN or ALASKAND NATIVE: All persons having origins in any of the original peoples of North America.

REFERRAL SOURCE (s)

HOW DID YOU LEARN OF THIS POSITION?		Please Check <input checked="" type="checkbox"/> one	
<input type="checkbox"/>	City Employee	<input type="checkbox"/>	Other (Specify) <input type="text"/>
<input type="checkbox"/>	College/ University	<input type="checkbox"/>	Relative or Friend (Not City Employee)
<input type="checkbox"/>	Human Resources Dept. Posting	<input type="checkbox"/>	Trade Magazine
<input type="checkbox"/>	Job Fair	<input type="checkbox"/>	Unemployment Office (Missouri Workforce)
<input type="checkbox"/>	Newspaper Advertisement	<input type="checkbox"/>	Web Site

Name of Applicant

Drug and Acohol Testing release form

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I: To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name:

Employee SS or ID Number:

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section 1-B, to the employer listed in Section 1-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be release in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

Employee Signature:

Date:

I-A.

New Employer Name:

Address:

Phone#:

Fax#:

Designated Employer Representative:

I-B.

Previous Employer Name:

Address:

Phone#:

Designated Employer Representative (If known):

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing

- | | | | | | |
|---|--------------------------|-----|--------------------------|----|--------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Did the employee have verified positive drug tests? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Did the employee refuse to be tested? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report (s), follow-up testing record).

II-B.

Name of person providing information in Section II-A:

Title:

Phone#:

Date:

RETURN TO: City of Joplin, 602 S. Main Street, Joplin, MO 64801 or FAX 417.625.4712