

# CITY OF ODESSA, MISSOURI

The City of Odessa, Missouri (the "City") offers equal employment opportunities to all persons. It avoids discrimination either in the hiring process or in employment opportunities on the basis of race, color, ancestry, religion, disability, age, sex, national origin, citizenship, military status, veteran status or any other category protected by federal, state, or local law.

## APPLICATION FOR EMPLOYMENT

<b>P E R S O N A L</b>	Last Name                      First                      Middle			Date
	Have you ever used any other names in the past? Yes ____ No ____ If yes, list all other names you have used which the City may need to check your previous employment, education or licensure.			
	Street Address			Home Telephone (   )
	City, State, Zip			Cell Telephone (   )
	If you have lived at the above address for less than 12 months, list previous address:			Social Security #:
	Street	City	State	Zip
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, what hours can you work? _____			Will you work overtime if asked?
Are you legally eligible for employment in the United States?			When will you be available to begin work? _____	

<b>E D U C A T I O N</b>	School	Name and Location of School	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/ Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other special training or skills (languages, machine operation, computer skills, etc.)					

<b>Membership in Professional or Civic Organizations</b> <b>[Exclude those which may disclose your race, color, religion or national origin]</b>	

## EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Company Name</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Address</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Name of Supervisor</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">State Job Title and Describe Your Work _____</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Telephone (    )</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Employed - (State month and year) From:                      To:</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Weekly pay Start:                      Last:</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Reason for Leaving</div>
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Company Name</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Address</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Name of Supervisor</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">State Job Title and Describe Your Work _____</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Telephone (    )</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Employed - (State month and year) From:                      To:</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Weekly pay Start:                      Last:</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Reason for Leaving</div>
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We may contact the employers listed above unless you indicate those you do not want us to contact.	<div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;"><b>DO NOT CONTACT</b></div> <div style="display: flex; justify-content: space-between;"> <span>Employer _____</span> <span>Number(s) _____</span> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Reason _____</div>
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1.	Are you at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you filed an application with us before? If yes: Date(s) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you been employed by us before? If yes: Date(s) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Do you have relatives working here? If yes: Name and relationship _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Are you employed now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Are you on layoff and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Have you ever been involuntarily discharged from a job? If yes, please explain and give dates: _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Are you willing to take a physical examination at our expense upon a conditional offer of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	List your operator's license number: _____ State of _____  If you do not have an operator's license, list your state ID number: _____ State of _____		
ANSWER THE FOLLOWING QUESTION ONLY IF YOU BOTH ARE APPLYING FOR A SPECIFIC JOB AND HAVE READ THE JOB DESCRIPTION FOR THAT JOB:			
11.	Can you perform the essential functions of the job for which you are applying either with or without reasonable accommodations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A "YES" RESPONSE TO EITHER OF THE NEXT TWO QUESTIONS WILL NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT WITH THE CITY. THE NATURE AND CIRCUMSTANCES OF ANY CONVICTION OR BOND REFUSAL, HOW LONG AGO EITHER OCCURRED, AND OTHER FACTORS, INCLUDING THE RELEVANCY OF THE CONVICTION OR BOND REFUSAL TO THE POSITION FOR WHICH YOU ARE APPLYING, ARE ALL IMPORTANT IN THE EMPLOYMENT CONSIDERATION. THUS, PLEASE PROVIDE A COMPLETE RESPONSE TO THESE QUESTIONS SO THAT AN APPROPRIATE DECISION MAY BE MADE.			
12.	Have you ever been convicted of or pleaded guilty to a misdemeanor or felony (Other than a parking violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please state: (a) nature of the offense(s) for which you were convicted or pleaded guilty; (b) date(s) of the conviction(s) or the entering of the plea(s); (c) judgment(s) imposed; (d) name and location of the court(s) imposing the judgment(s): _____ _____ _____		
13.	Has any surety company ever refused to issue or continue any bond on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please provide in detail the date, the reasons for and the circumstances surrounding the surety company's refusal. (If you need more space to give a complete explanation, please use additional sheets of paper and attach them to your application form.) _____ _____ _____		

### **Special Skills – Labor and Trades**

*Applicants seeking employment in maintenance, park only.*

**Check any of the following skills you might have, based on training or experience.**

Auto/Truck Mechanical Repair	___	Operate Backhoe	___
Electrical Line Work	___	Operate Dump Truck	___
Landscape Contruc/Maintenance	___	Operate Farm Tractor	___
Operate Excavation Equipment	___	Operate Motorgrader	___
Operate Pickup Truck	___	Operate Snowplow	___
Electrical/Plumbing	___	Welding	___
Other Skills	___, list		

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### **Special Skills**

**Clerical Only**

**Check any of the following skills that you have, based on training or experience.**

Applications: Spreadsheet/Database	___	Word Processing	___
Bookkeeping	___	Telephone/Receptionist	___
Date Entry	___	Typewriter (WPM ___)	___
Other Skills	___, list		

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### **Military Record**

**All Applicants Must Complete**

- If you are a male between 18 and 26years of age, have you registered with the Selective Service System?  
Yes    No
  - Have you ever served in the US Military Service?                      Yes    No  
If yes, are you an honorable discharge veteran                      Yes    No  
State branch and period of active service
- 

NOTE: A dishonorable or general discharge is not an absolute bar to employment and other factors will affect the final decision regarding employment.

## ACKNOWLEDGEMENT AND AUTHORIZATION

I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with or without notice, with or without cause by either myself or the City of Odessa, Missouri (the "City"). In the event that I am employed, I understand that regardless of the shift and job that I am first employed, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the City. I understand that I must meet the standards established by the City for my job classification as a condition of initial and continued employment, which may be determined by a physical examination and/or a drug test. I understand also, that if employed, I am required to abide by all rules and regulations of the City. I understand that no supervisor, officer, agent, or representative of the City, has any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing.

In addition, I understand and agree that this application shall be valid for a period of ninety (90) days. If I wish to be considered after ninety (90) days, I recognize that I must complete a new application for employment.

I grant permission to the City to investigate my personal, educational, and work histories thoroughly. In addition, I authorize the City to confirm all information that I have given in connection with my application for employment and to obtain information and/or a report from any state agency or any other entity which may include both general and personal information about me. I, furthermore, release the City and its agents from liability for any acts or omissions occurring during either such investigation or confirmation, or both. I further release any one or more of individuals, organizations and their agents, educational institutions that I attended and their agents, or my former employers and their agents from any liability for any acts or omissions occurring in its or their responses to the City's inquiries about me. This release specifically covers the employers and their agents and the educational institutions and their agents that I have identified in my responses to the inquiries made on this application form. I understand and agree that the City may deny my application for employment or if it has already employed me that the City may terminate my employment because of information obtained during the City's investigation or confirmation, or both, of my responses made on my employment application. Upon the termination of my employment with the City regardless of when, how, or why my employment ends, and regardless of whether the City) or I terminate my employment, I authorize the City to release information about my employment history with the City and release the City and all of its agents from any liability for the disclosure of information about my employment history to either governmental agencies or employers to whom I have applied for a job.

### Certification and Authorization:

I certify that I have given true and complete information in response to each category of information requested. I have also read, understood, and accepted the conditions of employment stated in this application. I further authorize the release of information as stated above. I recognize the City's right either to revoke any employment offer or to terminate my employment if it ever finds any of my responses written on this application either to falsify or to omit, or both, any information.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

*Failure to complete and sign the application and the following forms: "Drug Testing, Alcohol Testing and Pre-Employment, Post-Offer Medical Examination Consent; Authorization to Release Information Consent" and Background Check Authorization will cause your application to not be considered for employment.*

## City of Odessa

*These forms must be completed and returned with your application. Be sure to sign and date.*

### **Drug Testing, Alcohol Testing and Pre-Employment, Post-Offer Medical Examination Consent**

#### **Drug & Alcohol Testing**

It is the intent of the City of Odessa to provide a drug-free workplace to protect the health and safety of employees and the general public. All applicants offered employment with the department must successfully pass a urine specimen drug test, at City expense. Applicants who fail the drug test, applicants who refuse to be tested or fail to report for a drug test, will not be considered again for employment for a 12-month period. I understand that any employment offer will be contingent upon my passing the drug test.

I understand if I am employed in a job requiring a commercial driver's license at the time of my termination the City of Odessa has my permission to release any drug test and/or alcohol test results to an employer requesting this information.

#### **Pre-Employment, Post-Offer Medical Examination**

Applicants offered employment with the City of Odessa may be required to submit a medical examination, at City expense, to determine if they are able to perform all essential job duties, with or without reasonable accommodation, to ensure the safety, health and welfare of City employees and the general public. I understand that any employment offer will be contingent upon the successful completion of this pre-employment, post-offer medical examination.

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### **Authorization to Release Information Consent**

I hereby request and authorize you to furnish the City of Odessa with any and all information they may request concerning my employment record, driving record, education record, military record and the release of any information pertaining to drug and/or alcohol testing and physical exam results with a previous employer. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the City of Odessa.

I hereby release you and your organization from any liability, which would result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee of the City of Odessa.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**City of Odessa  
Background Check  
Authorization Form**

I authorize the Missouri Highway Patrol to furnish the City of Odessa (City) any information regarding my criminal history. This includes pending charges and convictions for a misdemeanor or a felony.

I authorize the Missouri Department of Revenue to furnish the City information regarding the status of my driver's license.

I do hereby release and forever discharge the City and its officers, agents and employees, from any and all liability arising out of or in any manner relating to the performance of the above referenced checks and the disclosure of any information made with regard thereto.

I have read and understand the above paragraphs.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date