

APPLICATION FOR EMPLOYMENT

**City of Laurie
P.O. Box 1515
Laurie, MO 65038**

NOTE TO APPLICANTS: Federal and State law requires that all applicants be considered without regard to race, religion, disability, sex, age or national origin. **WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPAL OF EQUAL OPPORTUNITY AND NON-DISCRIMINATION.**

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver’s license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Dependent upon the legal requirement of the position, employment may be subject to minimum legal age verification.

Position applied for: _____

Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Social Security Number Telephone Number

Hobbies and Interests: _____

Is there any information we would need about your name or use of another name for us to be able to check your work record?

Yes () No () If yes, please specify: _____

Do you have any relatives who are presently (or have formerly been) employed by the City of Laurie?

Yes () No () If yes, please list: _____

How did you hear of the opening with the City of Laurie? _____

Have you been convicted of a felony in the last 10 years? Yes () No () If yes, please explain: _____

Have you been convicted of a misdemeanor in the last 5 years? Yes () No () If yes, please explain: _____

Educational History Use a separate sheet if more room is needed

	School Name/Location	Years Completed	Degree	Diploma
Elementary/Junior High	_____			
High School	_____			
College	_____			
Technical Training	_____			
Other	_____			

Employment Record Please include all employment for the last five years, starting with the most current.

1.	_____	_____	_____	_____	_____
	Company Name		Position Held		
	Address	Dates Employed:	To	From	
	Manager/Supervisor	Telephone	Wage/Salary		
	Duties		Reason for Leaving		
2.	_____	_____	_____	_____	_____
	Company Name		Position Held		
	Address	Dates Employed:	To	From	
	Manager/Supervisor	Telephone	Wage/Salary		
	Duties		Reason for Leaving		

3. _____

Company Name	Position Held		
Address	Dates Employed:	To	From
Manager/Supervisor	Telephone	Wage/Salary	
Duties	Reason for Leaving		

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

Employer's Name	Reason
Employer's Name	Reason

References Please do not include relatives or former employers.

1. _____

Name	Years Known
Address	Telephone
Occupation	

2. _____

Name	Years Known
Address	Telephone
Occupation	

3. _____

Name	Years Known
Address	Telephone
Occupation	

Please list other pertinent information or experience (i.e. volunteer work, organizations, and/or clubs): _____

**CITY OF LAURIE
PERSONNEL DEPARTMENT
P.O. BOX 1515
LAURIE, MO 65038
(573) 374-4871**

**AUTHORIZATION FOR RELEASE OF INFORMATION
AGREEMENT FOR PUBLIC SAFETY POSITIONS**

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ SOCIAL SECURITY NUMBER: _____

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the City of Laurie. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualification to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the City of Laurie bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Laurie, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Laurie to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal and confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorney's at law or other counsel, whether representing me or another person in any case, either criminal or civil in which I presently have, or have had an interest, attendance records, polygraph examination, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of the City of Laurie organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Laurie regardless of any agreement I may have made with you previously to the contrary. The City of Laurie requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Laurie acceptance and processing of my application for employment, I agree to hold the City of Laurie, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Laurie. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Laurie in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of _____ from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

SIGNATURE OF APPLICANT _____ DATE _____

State of _____

County of _____

On This _____ Day of _____, 20____, Before Me Personally Appeared _____

To Be Known To Be The Person Described In And Who Executed The Foregoing Instrument.

My Commission Expires: _____

Notary Public