Date of Application: _____

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

CITY OF BUFFALO
PO Box 410 115 S Maple
Buffalo MO 65622 (417)345-2701

Name: _____
First Middle Last

Applying for Position As: _____

Salary Acceptable: _____ Phone #: _____
Have you ever been employed by the City of Buffalo? _____
If so please specify department(s) and date(s): _____

Personal Information

Address: _____ City: _____ State: _____ Zip Code: _____

Social Security #: _____ - _____ - _____ Have you ever been convicted of a felony? _____
If yes, give: Offense: _____ Date: _____ Place: _____

Education

Name & Address of School	# of Years Attended	Major Courses	Did You Graduate?
High School			
College			
Other			

Work Experience

List places of employment including temporary, regular and part time in date order with most recent first.

Last or Present Employer	Next Previous Employer	Next Previous Employer
Company:		
Supervisor: Phone #:		
Address:		
Date of Employment:		
Salary:		
Brief Description of Duties:		
Reason for Leaving:		

U.S. Military Experience

Have you ever served in the U.S. Armed Forces? _____ How Long? _____ Branch of Service _____

Duties:

Personal References

Name	Address	Occupation	Phone No.	Yrs. Known

Are you willing to work overtime? Yes or No

Type of Employment desired: Regular Part-Time Temporary Summer

When could you be available to begin work? _____

List Special Skills or Training that you feel would be beneficial to the City:

Emergency Information

In case of emergency, notify:

Name: Telephone Number:

AUTHORIZATION:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed herein to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand that the City of Buffalo is a drug free employer and that if an offer of employment is made that it is conditional upon obtaining a negative result from a drug test and that the drug test will be taken where noted by and at the time stated by the City of Buffalo.

I also agree to provide proof of my right to work as required by The Immigration Reform and Control Act of 1986.

Date _____ Signature _____

CITY OF BUFFALO

AUTHORIZATION FOR THE RELEASE OF DRIVING AND CRIMINAL HISTORY INFORMATION AND BACKGROUND INVESTIGATION.

I (Print Name) _____ am currently seeking employment with the City of Buffalo Missouri. I understand that prior to becoming employed with the City of Buffalo, a complete and thorough background investigation into my past work history, driving record , and criminal history, may be conducted. Further I understand that a representative of the City of Buffalo shall conduct interviews with past employers or references that I have provided. I understand that all information may be viewed by any person directly involved with the employee hiring process for the City of Buffalo.

Having the above information and facts in mind, I hereby authorize the City of Buffalo, or any representative thereof, to conduct a complete background investigation, including Driving Record Information and Criminal History Inquiries. Further I release any previous employer, the City of Buffalo, and any representative thereof from liability for any damages of which such an investigation may cause.

I voluntarily provide my Full Name, Date of Birth, and Social Security # to the City of Buffalo as an aid in conducting my background investigation.

X_____

Applicant Signature

X_____

Date

My full name, as appears on my driver's license, is_____.

My Date of Birth is _____ and my SSN# is _____.