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 ☐ (Check ✓ one)

RACE/ ETHNIC: For the purpose of Equal Opportunity, race/ethnic catergories 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 Phillippine 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 ✓ one.

- ☐ City Employee
- ☐ College/ University
- ☐ Human Resources Dept. Posting
- ☐ Job Fair
- ☐ Newspaper Advertisement
- ☐ Other (Specify) _____
- ☐ Relative or Friend (Not City Employee)
- ☐ Trade Magazine
- ☐ Unemployment Office (Missouri Workforce)
- ☐ Web Site

EDUCATION RECORD

SCHOOLING

Did you graduate from high school? Yes ☐ No ☐

Circle last grade completed: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

If no, do you have a high school equivalency certificate? (G.E.D) Yes ☐ No ☐ N/A ☐

Name of last school attended: _____

Location:

If yes to either please submit documented proof with application

VOCATIONAL EDUCATION (BUSINESS, TRADES, TECHNICAL SCHOOLS, ETC.)

Name and Location	Course of Study	Diploma, Certificate or Degree Received	Credit Hours Earned

UNIVERSITY AND COLLEGE (UNDERGRADUATE, GRADUATE, PROFESSIONAL)

Name and Location	Course of Study	Diploma, Certificate or Degree Received	Credit Hours Earned

Did you graduate? Yes ☐ No ☐ Date Received: _____

If yes, please submit documented proof with application

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:

POLICE AND FIRE APPLICANTS ONLY: On a separate sheet of paper list any reserve/volunteer experience not listed below.

POLICE APPLICANTS ONLY	FIRE APPLICANTS ONLY:
(POST Certification)	(MUST be IFSAC or National Board Certified)
Have you completed a State-Certified Law Enforcement Academy?	Have you completed the following?
Yes ☐ No ☐ Date Completed: _____	Firefighter I _____ Date _____
If yes, please submit documented proof with application	Firefighter II _____ Date _____
Are you currently in a State-Certified Law Enforcement Academy?	EMT-B _____ Date _____
Yes ☐ No ☐ Date of Completion: _____	Paramedic _____ Date _____
Name and Location of Academy: _____	**If yes, please submit documented proof with application**

APPLICANT SIGNATURE HERE:

Date _____ Signature of Applicant _____

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 St., Joplin, Missouri 64801.

PLEASE READ AND SIGN AUTHORIZATION FOR RELEASE FORM ATTACHED AND SUBMIT WITH APPLICATION

APPLICATION FOR EMPLOYMENT

CITY OF JOPLIN MISSOURI

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, Title6, 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.

Social Security Number (Optional): ☐☐☐ ☐☐ ☐☐☐☐

GENERAL APPLICANT INFORMATION:			VETERAN'S
Last Name	First Name	MI	Have you ever served in the military? Y ☐ N ☐
Street and Number			(If no, skip this section) Branch of Service _____ Serial # _____
City	State	Zip	Type of Discharge _____ Dates of Service _____ to _____
County	Phone Number		A DD214 Member - 4 Version MUST be attached to verify military service and type of discharge.
E-Mail Address (If applicable)			Secondary Contact: (Name and Number)

POSITION APPLIED FOR: _____

(Applications are accepted ONLY for positions open; please submit one application per position)

AVAILABILITY FOR EMPLOYMENT:

☐ Full Time ☐ Part Time ☐ Seasonal ONLY

Referral Source (s) : _____

(Newspaper, Web Site, Trade Magazine, Radio, Job Fair, Internal, etc…)

Are you at least eighteen years of age: Y ☐ N ☐

Date of birth: __ __ - __ __ - __ __ __ __

(Mandatory for Police Officer , Firefighter , and Seasonal Applicants Only)

(1) Have you ever been discharged or asked to resign from employment? Y ☐ N ☐

(2) Have you ever been convicted of , or plead guilty to, any federal, state or municipal criminal offense? (This includes ALL TRAFFIC VIOLATIONS for which you have paid fines) Y ☐ N ☐

(3) Do you object to inquiry of your present employer in regard to your employment? Y ☐ N ☐

IF YOU HAVE ANSWERED "YES" TO QUESTIONS 1-3, PLEASE GIVE DETAILS ON SEPARATE SHEET. A YES 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? Y ☐ N ☐

(5) Are you a citizen of the United States? Y ☐ N ☐

If no, are you legally permitted to work in this country? Y ☐ N ☐

Type of work permit and number _____ Date Issued _____

(6) Do you have a valid social security card? Y ☐ N ☐

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

IF YOU HAVE ANSWERED "NO" TO QUESTIONS 4-6, PLEASE GIVE DETAILS ON SEPARATE SHEET. A NO ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.

EMPLOYMENT

List below, in reverse order 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. ➡

DO NOT INDICATE "SEE RESUME", A RESUME MAY BE ATTACHED TO PROVIDE ADDITIONAL OR MORE DETAILED

1. Present or last employer _____ Date Employed _____
   Address _____ City _____ State _____ Date Separated _____
   Phone _____ Total Yrs. Employed _____
   Supervisor _____ Department _____ Full Time? Yes ☐ No ☐
   Mgr./Owner _____ Starting Salary $ _____ / hour Part Time: Indicate % _____
   Your Title _____ Last or Present Salary $ _____ / hour or # of Hours _____

2. Present or last employer _____ Date Employed _____
   Address _____ City _____ State _____ Date Separated _____
   Phone _____ Total Yrs. Employed _____
   Supervisor _____ Department _____ Full Time? Yes ☐ No ☐
   Mgr./Owner _____ Starting Salary $ _____ / hour Part Time: Indicate % _____
   Your Title _____ Last or Present Salary $ _____ / hour or # of Hours _____

3. Present or last employer _____ Date Employed _____
   Address _____ City _____ State _____ Date Separated _____
   Phone _____ Total Yrs. Employed _____
   Supervisor _____ Department _____ Full Time? Yes ☐ No ☐
   Mgr./Owner _____ Starting Salary $ _____ / hour Part Time: Indicate % _____
   Your Title _____ Last or Present Salary $ _____ / hour or # of Hours _____

4. Present or last employer _____ Date Employed _____
   Address _____ City _____ State _____ Date Separated _____
   Phone _____ Total Yrs. Employed _____
   Supervisor _____ Department _____ Full Time? Yes ☐ No ☐
   Mgr./Owner _____ Starting Salary $ _____ / hour Part Time: Indicate % _____
   Your Title _____ Last or Present Salary $ _____ / hour or # of Hours _____

5. Present or last employer _____ Date Employed _____
   Address _____ City _____ State _____ Date Separated _____
   Phone _____ Total Yrs. Employed _____
   Supervisor _____ Department _____ Full Time? Yes ☐ No ☐
   Mgr./Owner _____ Starting Salary $ _____ / hour Part Time: Indicate % _____
   Your Title _____ Last or Present Salary $ _____ / hour or # of Hours _____

Do you possess a valid Driver's License? Yes ☐ No ☐

Do you possess a valid Commercial Driver's License (CDL)? Yes ☐ No ☐
If yes please circle A¨ B¨ C¨
Certifications? (e.g. Hazmat, Tanker, Passenger…) _____

If yes, to either or both, what state? _____

Driver's License Number: _____

Do you operate a computer? Yes ☐ No ☐

Speed on computer _____ wpm

List office equipment and computer programs you work with. (e.g. Word, Excel, Outlook, etc.)

List below any special information as to your work record you may deem of value.

RECORD

If employment included supervisor responsibilties, 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 employemnt, i.e., Resigned, Dismissed, Layoff, etc…

INFORMATION, BUT WILL NOT BE ACCEPTED IN LIEU OF COMPLETING THIS SECTION.

1a. Specific Duties: _____

Reason for Leaving: _____

2a. Specific Duties: _____

Reason for Leaving: _____

3a. Specific Duties: _____

Reason for Leaving: _____

4a. Specific Duties: _____

Reason for Leaving: _____

5a. Specific Duties: _____

Reason for Leaving: _____

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 _____ to _____

List below any in-service training or instruction courses/programs you have completed with the above listed employers.

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

I hereby authorize any representative of the City of Joplin 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 Joplin, whether said records are of public, private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of myself for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Joplin to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or 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, my educational records, my financial status, my driving record, 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 attorneys 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 examinations, 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 your 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 Joplin regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the City of Joplin's acceptance and processing of my application for employment, I agree to hold the City of Joplin, 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 Joplin. I understand that should information of a serious criminal nature surface as a result of the 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 Joplin 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 one year from the date of my signature.

Should there by any questions as to the validity of this release, you may contact me 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.

Please <u>print</u> (except signature) legibly when providing the information requested below.

FULL NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (include Area Code) _____ - _____-_____

DATE OF BIRTH _____-_____-_____ SSN _____- _____-_____

DRIVER'S LICENSE NO. _____ STATE _____

OTHER STATES IN WHICH YOU HAVE HAD A DRIVER'S LICENSE

_____

OTHER NAME(S) THAT YOU HAVE USED

_____

SIGNATURE _____DATE _____

WITNESS _____DATE _____