

Provide your complete record of employment. Supervisor name and phone number is required. Please use/request a phone book if needed. List additional employment on separate sheet or resume.

Employer: _____ **City:** _____ **State:** _____ **Phone:** _____

Supervisor's Name and Title: _____

Title and job duties: _____

Dates of employment were from: ____/____/____ to ____/____/____

Employer: _____ **City:** _____ **State:** _____ **Phone:** _____

Supervisor's Name and Title: _____

Title and job duties: _____

Dates of employment were from: ____/____/____ to ____/____/____

If you have NO previous employment, references are required. List TWO adult references. At least one should be from school such as a teacher/coach, etc. (Family members are not acceptable.)

Name: _____ **Phone** _____

How do you know him or her? _____ For how long? _____

Name: _____ **Phone** _____

How do you know him or her? _____ For how long? _____

Availability for employment: (list the hours you can work)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are there any days and/or times you are NOT available? _____

APPLICANT CERTIFICATION, RELEASE OF INFORMATION, AND AUTHORIZATIONS

I certify that all information submitted on this application is true and complete to the best of my knowledge. I understand that any false or incorrect information may subject me to disqualification or dismissal. I, the undersigned, do hereby authorize the City of Springfield and/or its designated provider to conduct an investigation with respect to my application for employment and release the City, my former employers, and personal references from any liability for damage caused by giving and receiving information or opinions as to my qualifications, employment or character. I agree to hold the City harmless and in no event shall the City be liable to me for special, indirect or consequential damages for the refusal of employment due to information obtained during my background security check. Any information obtained through former employers and/or personal references will become the property of the City of Springfield. I authorize the City of Springfield, Missouri, or its designated provider to perform pre-employment urine drug screening. I understand that I must successfully pass the drug screening in order to be eligible to begin employment with the City of Springfield. I understand that I may request a copy of the City's Substance Abuse Policy.

APPLICANT SIGNATURE: _____ **DATE:** _____

The City of Springfield is committed to workforce diversity and a drug-free workplace. Pre-employment drug testing is required. Women, minorities, and individuals with disabilities are encouraged to apply. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, or disability.

****For Supervisor Use Only -- After job offer is made -- Make sure information is legible****

Name of applicant:	Date of Birth:	Gender:	Social Security #:
Planned Start Date:	Name and phone number of hiring supervisor:	Date faxed to 864-1609:	