



THE CITY OF MOSCOW MILLS

995 MAIN STREET
MOSCOW MILLS, MO 63362

The City of Moscow Mills is an Equal Opportunity Employer

THE CITY OF MOSCOW MILLS REQUIRES PRE-EMPLOYMENT DRUG AND ALCHOL TESTING.
ANY POSITION THAT REQUIRES THE DRIVING OF A CITY VECHILE
WILL REQUIRE A DRIVER'S RECORD CHECK.

POSITION APPLIED FOR: _____

INITIAL SCREENING WILL BE BASED ON THIS APPLICATION. PLEASE BE SURE TO ANSWER ALL ITEMS COMPLETELY AND ACCURATELY.

Date: _____ Social Security No: _____

Name: _____ Cell #: _____
 Last First Middle Initial Other #: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____ State: _____

IMPORTANT: The CDL Application Addendum must be completed for any applicant that has a commercial driver's license (CDL) that will be utilizing that license within the position being applied for. Do you have a CDL? YES NO

CHECK THE TYPE OF WORK YOU WOULD PREFER: Full Time Part Time Summer

Are you authorized to work in the U.S.? YES NO
If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform & Control Act of 1986

What prompted you to apply to The City of Moscow Mills? _____

How long do you anticipate being employed by The City? _____

Explain: _____

What hours / days can you work? _____

When would you be able to start work with The City? _____ What is the salary you would expect? _____

Please List any Special Equipment you can operate:

Do you have any relatives currently employed by the City? YES NO

If "YES", state the name(s), relationship(s), and department(s) in which employed:

Name	Relationship	Department

EDUCATION / TRAINING: Please provide information about your education and training background. Use additional space if necessary.

Elementary / Junior High / High School: _____
 (Circle last one attended) Name/ City / State Last grade Completed

Circle highest level of education you have attained: Elementary / Junior High / High School / Some College / Bachelors / Bachelors +

College:

Name of Institution	Major	Hours/Credit/Degrees Earned

Special Training / Training Schools / Armed Forces Training / Certifications / Licenses:

School / License / Certificate Issued by	Course Name / Field / Trade/ Specialization	Expiration Date	Credits Earned / Hours Attended

Military Service:

Branch of Service	Date Entered	Date Discharged

Please list knowledge of software below:

I am proficient at:	I have a working knowledge of:

Have you ever been convicted of any traffic violations? YES NO

Have you ever been convicted of any state or federal misdemeanor or felony? YES NO

Have you ever been convicted of any ordinance violation of this or any other city? YES NO

If any of the above is "YES", state specific violation, date and place:

Violation	Date	Location

Please describe below any related experience (volunteer work, hobbies, part-time or temporary work), special skills or qualifications not covered elsewhere in this application. If you have little work experience in areas related to the position, it is especially important for you to be thorough in this section. If the job for which you are applying requires a hand written statement, please make that statement in the space below.

References:

Name	Company Name	Address	Phone

WORK EXPERIENCE

NOTE: NOT ANSWERING ALL ITEMS IN THE FOLLOWING SECTION MAY ELIMINATE YOU FROM FURTHER CONSIDERATION. BE SURE TO PROVIDE PHONE NUMBERS FOR YOUR MOST RECENT EMPLOYERS. IF YOU HAVE BEEN DISCHARGED FROM ANY POSITION, PLEASE ELABORATE ON PAGE 5.

1. Present Employer: _____	
Address: _____	Employment Dates
City/State/ Zip: _____ Phone: _____	From: _____ To: _____
Final Salary: _____ Per _____ Reason for Leaving: _____	
Position: _____ Supervisor: _____	
Main Duties: _____	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Previous Employer: _____	
Address: _____	Employment Dates
City/State/ Zip: _____ Phone: _____	From: _____ To: _____
Final Salary: _____ Per _____ Reason for Leaving: _____	
Position: _____ Supervisor: _____	
Main Duties: _____	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Previous Employer: _____	
Address: _____	Employment Dates
City/State/ Zip: _____ Phone: _____	From: _____ To: _____
Final Salary: _____ Per _____ Reason for Leaving: _____	
Position: _____ Supervisor: _____	
Main Duties: _____	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Previous Employer: _____	
Address: _____	Employment Dates
City/State/ Zip: _____ Phone: _____	From: _____ To: _____
Final Salary: _____ Per _____ Reason for Leaving: _____	
Position: _____ Supervisor: _____	
Main Duties: _____	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Please list other names you have been employed under: _____

If you indicated that you have been discharged from a position, please make any comments, which you feel, may help clarify circumstances causing this discharge.

PLEASE READ CAREFULLY AND SIGN - APPLICATIONS WITHOUT SIGNATURE WILL NOT BE ACCEPTED

The facts set forth above in my application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I further understand that an incomplete application or absence of my signature on this application is just cause for rejection of this application. My signature authorizes the City of Moscow Mills to review my previous employment (except as stated above), driving, and criminal records, and/or other background data as it may relate to the position(s) for which I am applying or have been hired. I also understand that for some positions, an offer of employment with the City is contingent upon the results of a physical examination or possibly a credit check.

Date: _____ Signature: _____