



PO Box 2229, Branson West, MO 65737
Phone (417) 272-3313 Fax (417) 272-8669

Employment Application

INSTRUCTIONS TO THE APPLICANT: Complete all pages of this application; either by typing or printing legibly also include a copy of **Missouri Driver's License**. Sign where indicated. The application and any attachments become property of the City of Branson West

NAME: _____ SOCIAL SECURITY NUMBER: ____ - ____ - ____
LAST FIRST MI

ADDRESS: _____
NUMBER & STREET APT. NO. CITY COUNTY STATE ZIP

TELEPHONE: _____
HOME/CELL/MESSAGE NUMBER

Are you a citizen of the United State? YES NO CIRCLE ONE
If no, are you legally permitted to work in this country? YES NO CIRCLE ONE
Type of work permit and number: _____ Date issued: _____ Expiration Date: _____

Do you have any relative(s) working for the City of Branson West, serving on the City's administrative boards or Board of Aldermen? YES NO CIRCLE ONE

Have you ever been employed by the City of Branson West? YES NO CIRCLE ONE

If yes, provide dates and department: _____

Have you been known by any other name(s)? YES NO CIRCLE ONE

If yes, provide name(s): _____

Have you ever been convicted of a Crime other than a minor traffic violation? YES NO CIRCLE ONE

If yes, describe in full charges: _____

Military Service

Branch of Service _____ From _____ To _____

Duties/Special Training _____

Present Military Affiliation: None /Reserve Active/Reserve Inactive CIRCLE ONE

Do you possess a valid Driver's License? YES NO If yes, what class do you possess: _____

PREVIOUS EMPLOYMENT

List below, in reverse order, the positions you have held starting with you present or most recent employment. If more than one position or classifications has been held within a given organization, list each position or classification as a separate period of employment. If information as possible. Indicate reason for leaving employment, i.e. Resigned, Dismissed, Laid-Off, etc. **A resume maybe attached to provide additional or more detailed information but will not be accepted in lieu of completing this section.**

Present or last employer: _____ Telephone Number.: _____

Address: _____ Employment from _____ to _____
Month/year

Name & Title of Supervisor: _____ May we contact this employer? ____

Job title & give brief description of duties: _____

Reason for Leaving: _____

Present or last employer: _____ Telephone Number.: _____

Address: _____ Employment from _____ to _____
Month/year

Name & Title of Supervisor: _____ May we contact this employer? ____

Job title & give brief description of duties: _____

Reason for Leaving: _____

Present or last employer: _____ Telephone Number.: _____

Address: _____ Employment from _____ to _____
Month/year

Name & Title of Supervisor: _____ May we contact this employer? ____

Job title & give brief description of duties: _____

Reason for Leaving: _____

EDUCATION RECORD

GRAMMER AND HIGH SCHOOL

Did you graduate from high school? YES NO CIRCLE ONE

If NO Last grade completed _____

High School Equivalency Certificate: (GED) YES NO CIRCLE ONE

COLLEGE, UNIVERSITY, BUSINESS AND TRADE SCHOOLS

List all technical, business, university, or colleges

Name and Location: _____

Major Field of Study: _____ Degree Received: _____

If any employment or educational records are under any other name, please provide the name(s): _____

Name and Location: _____

Major Field of Study: _____ Degree Received: _____

If any employment or educational records are under any other name, please provide the name(s): _____

PERSONAL REFERENCES

Name: _____ Address: _____

Business/Relations: _____ Telephone Number: _____

Name: _____ Address: _____

Business/Relations: _____ Telephone Number: _____

Name: _____ Address: _____

Business/Relations: _____ Telephone Number: _____

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and correct to the best of my knowledge. They are made voluntarily upon application of employment. I understand that any false statement or information given shall be considered sufficient cause for dismissal. I, the undersigned, so hereby authorize the City of Branson West to conduct a background with respect to my application 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 employment or character. I understand and agree that the City of Branson West is under no obligation to reveal to me or any other person the reason for my rejection for employment.

Signature of Applicant _____

Date _____