



1104 Broadway
 Lamar, MO 64759
 Phone: 417-682-5554 Fax: 417-682-3288
 Email: cityclerk@lamarmo.org
 Website: cityoflamar.org

APPLICATION FOR EMPLOYMENT

Resumes are not accepted in lieu of a completed application.

APPLICANT INFORMATION													
Last Name				First				M.I.		Date			
Street Address						Apartment/Unit #							
City				State				ZIP					
Phone				E-mail Address									
Date Available				Social Security No.				Desired Salary					
Position Applied for													
Are you legally eligible to work in the U.S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
Driver's License #						Issued By:							
EDUCATION													
High School				Address									
				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College				Address									
				Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
REFERENCES													
<i>Please list three professional references. Do not list friends.</i>													
Full Name						Relationship							
Company						Phone							
Address													

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving <input type="checkbox"/> <input type="checkbox"/>	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving <input type="checkbox"/> <input type="checkbox"/>	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving <input type="checkbox"/> <input type="checkbox"/>	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

<p>CERTIFICATION: I certify that the information provided herein is true and complete to the best of my knowledge. I understand that deliberate misrepresentation or omission of information is cause for rejection of my application or subsequent dismissal from employment.</p>	
Signature	Date