



## **APPLICATION FOR EMPLOYMENT**

The City of Columbia is an Equal Opportunity Employer

### ***HUMAN RESOURCES***

***600 East Broadway***

***P.O. BOX 6015, COLUMBIA, MO. 65205-6015***

***www.GoColumbiaMo.com***

***VOICE: (573) 874-7235 FAX: (573) 874-7736 TTY: Dial 711 (Relay MO Services)***

THE CITY OF COLUMBIA REQUIRES PRE-EMPLOYMENT DRUG TESTING

This application form may be downloaded to your computer & information typed in most fields. However, you must still print this form & mail or fax it to us ~~with your signature~~. Applications submitted via email or other electronic form will not be accepted.

Initial screening will be based on this application. Please be sure to answer all items completely and accurately. Let us know if you do not understand an item or need help in completing this application.

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Have you ever worked for the City of Columbia?  YES  NO

If "YES", complete the following section:

|                                     |
|-------------------------------------|
| When: _____ In What Capacity: _____ |
| Reason for Leaving: _____           |

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) 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/ Credits/ 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 |
|--|--|-----------------|---------------------------------|
|  |  |                 |                                 |
|  |  |                 |                                 |

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:

\_\_\_\_\_

\_\_\_\_\_

List all cities and states of prior residency for last 10 years:

\_\_\_\_\_

\_\_\_\_\_



## 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 3.

**1. Present Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ **Employment Dates**  
City/State/ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Final Salary: \_\_\_\_\_ Per \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**2. Previous Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ **Employment Dates**  
City/State/ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Final Salary: \_\_\_\_\_ Per \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**3. Previous Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ **Employment Dates**  
City/State/ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Final Salary: \_\_\_\_\_ Per \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**4. Previous Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_ **Employment Dates**  
City/State/ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Final Salary: \_\_\_\_\_ Per \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Please list other names you have been employed under:** \_\_\_\_\_

**May we contact the employers listed above?**       YES     NO \_\_\_\_\_

**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 Columbia 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.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

# CITY OF COLUMBIA EEO REPORT TO ALL APPLICANTS

The information requested on this form is voluntary and will not be used in the selection process and does not affect you as an applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population, in the validation of our selection methods and for the purpose of Equal Opportunity reporting. Please give us your cooperation by completing this questionnaire.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last Name First Name Middle Initial

**Job applied for:** \_\_\_\_\_

**Sex:**  Male  Female

**Birthdate:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Of the following, which group would you consider yourself a member?**

- American Indian     Hispanic     Black     White     Asian  
 Other \_\_\_\_\_

**How did you learn about this job? Please circle your answer below:**

| <u>Newspaper</u>              | <u>Website</u>           | <u>Other</u>              |
|-------------------------------|--------------------------|---------------------------|
| Boone County Journal          | City of Columbia website | Cable Channel             |
| Columbia Daily Tribune        | Careers in Gov't website | City employee             |
| Jefferson City News Tribune   | Greathires.com website   | Internal job posting      |
| Kansas City Times             | Other website _____      | Missouri Municipal League |
| St. Louis Post Dispatch       |                          | Radio ad                  |
| The Employment Guide          |                          | TV ad                     |
| Other print ad _____          |                          | Walk-In                   |
| Other: (Please explain) _____ |                          |                           |