**CITY OF LAGRANGE**

**EMPLOYMENT APPLICATION**

The City of LaGrange is an equal opportunity employer and considers all applicants for employment without regard to race, color, religion, sex, age, ancestry, national origin, disabled or veteran status.

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| **General Instructions**:1. Print clearly or type information.
2. Give complete and concise answers to all questions. You can be credited only with the education and experience shown on this application and any required supplementary form.
3. False, incomplete or inaccurate information may be considered justification for disqualification or discharge.
 |

1. Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Title for position which applying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST FIRST MIDDLE

4. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NUMBER STREET CITY STATE ZIP

5. Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. What type of work do you desire? \_\_\_\_\_ Full-Time \_\_\_\_\_Part-Time \_\_\_\_\_ Summer/Seasonal

(If part-time, what days/hours are you available for work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. On what date would you be available for work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Have you ever been discharged or forced to resign? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, give name and address of employers, date of your discharge or forced resignation, and the reason therefore on a separate sheet of paper.*

10. Have you ever been convicted, fined, imprisoned, or placed on probation, or have you ever been ordered to deposit collateral for alleged breach or violation of any law, police regulations or ordinance except minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, provide details*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please give the following information, beginning with your **current or most recent** employment.

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:

Hourly Rate of Pay: Starting Final

Work Performed:

Reason for Leaving: May we call for reference? Yes \_ \_\_ \_ No \_ \_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:

Hourly Rate of Pay: Starting Final

Work Performed:

Reason for Leaving: May we call for reference? Yes \_ \_\_ \_ No \_ \_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:

Hourly Rate of Pay: Starting Final

Work Performed:

Reason for Leaving: May we call for reference? Yes \_ \_\_ \_ No \_ \_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:

Hourly Rate of Pay: Starting Final

Work Performed:

Reason for Leaving: May we call for reference? Yes \_ \_\_ \_ No \_ \_\_\_

**EDUCATION**

**High School:**

How many years did you complete? 1 2 3 4 Did you graduate? Yes \_\_\_\_No \_\_\_\_

Name and Location of High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received a High School Equivalence Certificate (G.E.D.)? Yes \_\_\_\_No \_\_\_\_

**Junior College, College and University (undergraduate, graduate, professional):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School & Location** | **Attended From/To (month & year)** | **Total Semester Hours** | **Major****(& minor if****applicable)** | **Degree &****Date Received** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Other training (business, trade, service schools, internships, etc.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School & Location** | **Attended From/To (month & year)** | **Full-Time or Part-Time** | **Subjects &****Hours Completed** | **Certificate & Date****Received** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**REFERENCES**

Please give the following for three persons not related to you, whom you have known at least one year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **Phone** | **Occupation** | **Years Known** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**AUTHORIZATION FOR RELEASE:** I hereby authorize the City of LaGrange to make such investigations and inquiries as to my character, employment record, education records including transcripts, and conviction records as may be deemed necessary in arriving at an employment decision. I hereby release employers, schools, law enforcement agencies and persons from all liability for any damage whatsoever that may ensue from furnishing the same to the City of LaGrange.

**CERTIFICATE OF APPLICANT:** (Read carefully before signing.) I certify that all answers and statements herein contained are true to the best of my knowledge and belief. I understand that any misstatement or omission of material fact will subject me to disqualification or dismissal. I approve the above authorization for release.

*Before signing please check to insure that all questions have been answered in a thorough manner. An incomplete application may result in the application being rejected or delayed, which could result in a lost job opportunity.*

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT INFORMATION WAIVER**

I voluntarily consent to a thorough investigation of my past employment and activities. I give the City of LaGrange the right to make checks on my background and release from all liability or responsibility all persons, companies or corporations supplying such information.

Applicant’s Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number & State of Issuance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  **FOR OFFICE USE ONLY**: Following are the findings from a Police Department record check:        Name of Police Department Representative (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Police Department Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FOR POLICE APPLICANTS ONLY:**

I do hereby authorize all Law Enforcement Agencies, the Veterans Administration, U.S. Army, U.S. Navy, U.S. Air Force, all Military Agencies, all Federal, State or Local Government Agencies, State and Federal Tax Bureaus, Credit Bureaus, Schools and Universities to furnish the City of LaGrange, Department of Police any and all available information regarding me in order that they may determine my suitability for police work.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONVICTION RECORD RELEASE**

The information requested is for identification purposes and is required by police authorities to properly identify an applicant. All applicants must supply this information. Having a conviction record does not necessarily bar you from employment. Each case is considered individually with reference to the position for which you are applying. Applicants selected for positions which involve driving a city vehicle will have their driving records checked. Possession of a poor driving record may result in not being hired or termination of employment.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

List other names you have used, gone to school under and/or worked under (including maiden):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month Day Year

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number Street City State Zip

Previous

Missouri Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number Street City State Zip

Previous Address

Outside Missouri: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number Street City State Zip

I hereby certify the above information is correct and authorize the release of my entire record to the City of LaGrange Department of Police.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE (must be in ink): DATE: