



BOARD OF PUBLIC WORKS

CITY OF HANNIBAL

OFFICE 573-221-8050

FAX 573-221-7522

www.hannibalbpw.org

ELECTRIC, WATER AND SEWER DEPARTMENTS

3 INDUSTRIAL LOOP DRIVE

• PO BOX 1589

• HANNIBAL, MISSOURI 63401-1589

Application for Employment

The Board of Public Works is an equal opportunity employer. Applications receive consideration for employment without discrimination because of race, religious creed, color, ancestry, age, sex, handicap, national origin, marital or veteran status. If selected for employment, a prospective employee must provide satisfactory references for the Company and meet our medical qualifications. All information is treated confidentially.

Please Type or Print in Ink and Sign on Page Three

| | | | | | | |
|-------------------------------------|--|--------------------------|------------------------|---------------------|-----------------|---------------------|
| PERSONAL DATA | Name | | | Date of Application | | |
| | First | Middle | Last | | | |
| | Present Address (No. and Street) | | City | State | Zip | Length of Residence |
| | Previous Address (No. and Street) | | City | State | Zip | Length of Residence |
| | Have you worked or attended school under another name? | | Social Security Number | | Telephone | |
| Yes | No | (Name) | | | Home Message | |
| In case of an emergency call (Name) | | Address (No. and Street) | | City | Telephone | |
| | | | | | Home Message | |

| | | | | | |
|--|--|-------------------|--|--|-----|
| GENERAL INFORMATION | For what position are you applying? _____ | | | Expected earnings _____ | |
| | (Note: Please be specific and list one position, "Any" is not acceptable.) | | | | |
| | Date Available _____ | | | Present earnings _____ | |
| | | | | (Incl. Bonuses, Overtime, Etc.) | |
| | Have you ever filed an application here before? | | | Have you ever been employed here before? | |
| | Yes | No | | Yes | No |
| | If Yes, give date _____ | | | If Yes, give date _____ | |
| What Prompted your application? | | | | | |
| Own Accord | | Employment Agency | | Advertisement | |
| | | | | Employee Referral | |
| | | | | Other _____ | |
| Who referred you to us for employment? _____ | | | | | |
| Name of friends or relatives employed here: _____ | | | | | |
| Citizenship: Do you have a legal right to remain permanently and work in the United States? | | | | | Yes |
| (Proof of Citizenship or permanent resident alien status will be required after employment.) | | | | | No |

| | | |
|--------------------|---|--|
| HEALTH DATA | Do you have any condition or handicap which may limit your ability to perform the job applied for? | |
| | If, yes, what can be done to accommodate your limitation? (Any information provided will be kept confidential except in certain circumstances such as when supervisors may be informed regarding work restrictions or necessary accommodations and medical and safety department personnel if the condition might require emergency treatment.) | |

| | | |
|----------------------|-------------------|--|
| U.S. MILITARY RECORD | Branch of Service | Description of duties performed |
| | Rank | Present membership in National Guard or Reserves |
| | Service Schools | Type of course |
| | | |

Employment History

List positions for which you received wages.

List in reverse chronological order starting with present or most recent. (Use separate sheet if necessary)

| Position Title | Dates and Salary | | Company Name, Address and Telephone Number | Name and Title of Immediate Supervisor | Reason for Leaving |
|----------------|------------------|--------|--|--|--------------------|
| | From | To | | | |
| | \$ /mo | \$ /mo | | | |
| | \$ /mo | \$ /mo | | | |
| | \$ /mo | \$ /mo | | | |
| | \$ /mo | \$ /mo | | | |
| | \$ /mo | \$ /mo | | | |
| | \$ /mo | \$ /mo | | | |
| | \$ /mo | \$ /mo | | | |
| | \$ /mo | \$ /mo | | | |

Indicate those employers above you **do not** wish us to contact _____

Education

| Schools | School Name and Location | Dates (Mo. & Yr.) | | GPA | Graduated Yes / No | Degrees Received | Areas of Specialization (Majors & Minors) |
|---------------------------|--------------------------|-------------------|----|-----|--------------------|------------------|---|
| | | From | To | | | | |
| High School | | X | X | | | | |
| College or University | | | | | | | |
| Graduate School | | | | | | | |
| Business or Trade Schools | | | | | | | |
| Corresp. or Night School | | | | | | | |

Do you plan to continue your schooling while working? Yes No

If yes, explain _____

Special Training or Qualifications

Office Machines Operated: _____

Typing Speed _____ wpm

Shorthand Speed _____ wpm

If word processing experience, what type of equipment: _____

Factory, shop or building maintenance machines operated: _____

Any other specific skills or qualifications: _____

Special Activities

Please list organizations, clubs, professional societies, or other associations to which you belong. You may omit those which indicate your race, religious creed, color, national origin, ancestry, sex or age.

| Organization | | Active Participation | | Special Duties or Offices Held |
|--------------|------|----------------------|----|--------------------------------|
| Type | Name | From | To | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Character References

| Character References (Do not give relatives or former employers) | Address (Where person may be contacted - preferably during the day) | Telephone Number |
|---|--|---------------------|
| | | |
| | | |
| | | |
| | | |

Additional Comments

Please give any additional employment related information which describes your interests and qualifications.

I authorize all persons, schools, companies, corporations and government agencies to supply any information to the Board of Public Works concerning my background and release them from all liability arising from providing that information.

I understand and agree that my employment is for no definite period and may be terminated at any time without any previous notice. I further understand no promise or guarantee of employment is valid unless made in writing by the Board of Public Works. I understand that misrepresentation or omission of facts called for is cause for dismissal. In addition, I understand any offer of employment made to me is contingent upon a satisfactory driver's license background check and my passing a pre-employment physical, which will include a drug test. I understand any offer of employment is contingent upon compliance with the Immigration Reform and Control Act of 1986 which requires evidence of U.S. citizenship or U.S. resident status and a birth certificate or other evidence of date of birth as stipulated by the Immigration and Naturalization Service.

I understand this application becomes inactive after 6 months unless renewed personally or in writing.

(Signature of Applicant)

Date

All applicants will be considered without regard to race, color, religion, age, sex, national origin, veteran status or handicap.