CITY OF SELIGMAN, MISSOURI

JOB APPLICATION

City of Seligman is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a City representative.

PLEASE FILL OUT ALL OF THE SECTIONS BELOW:

APPLICANT NAME:		
ADDRESS:		
CITY, STATE AND ZIP CODE:		
TELEPHONE NUMBER:		
EMAIL ADDRESS:		
EMPLOYMENT POSITION (Position(s) applying for):		
How Did you hear about the position?		
What days are you available to work?		
What hours are you available to work?		
If needed, are you available to work overtime?		
On what date can you start working of hired?		
Salary Desired?		
PERSONAL INFORMATION:		
Do you have any friends, relatives, or acquaintances		
working for the City of Seligman?	Yes	No
If yes, state name and relationship:		
Are you 18 years of age or older?		
Are you a U.S. Citizen or approved to work in the United States?	Yes	No
What document can you provide as proof of citizenship or legal status?		
Will you consent to a mandatory controlled substance test?	Yes	No
Do you currently pocess a valid Drivers License?	Yes	No
Do you have any condition which would require job accommodations?	Yes	No
Have you ever been convicted of a criminal offense (felony or misdemeanor)		No
If Yes, Explain:		

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, may be considered.)

JOB SKILLS/QUALIFICATIONS:	
-	ualifications you possess for the position for which you
are applying:	
	
	with the ADA and considers reasonable accommodation measures that may be gible applicants/employees to perform essential functions.)
EDUCATION AND TRAINING:	
High School:	
College/University:	
Vocational School/Specialized Tr	raining:
Military:	
P.O.S.T.: (Required for Police Off	ficer position)
PREVIOUS EMPLOYMENT:	
Name:	
Address:	Phone:
Supervisor:	Job Title:
Dates:	Salary:
Reason for leaving:	
Name:	
Address:	Phone:
Supervisor:	Job Title:
Dates:	Salary:
Reason for leaving:	
Applicant Signature:	Date: