



# Application for Employment

The City of Centralia is an Equal Opportunity Employer

Centralia City Hall  
114 South Rollins  
Centralia, MO 65240  
Phone: (573) 682-2139  
Fax: (573) 682-5956  
[www.centraliamo.org](http://www.centraliamo.org)

Please read and sign the employment notice form at the end of this application, as the City of Centralia does conduct pre-employment physicals and drug screening.

Answer all questions completely and accurately, as this application will serve as an initial screening.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.



# APPLICATION FOR EMPLOYMENT

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## POSITION(S) APPLIED FOR

## DATE

How did you learn about us?

Advertisement

Relative

Inquiry

Employment Agency

Friend

Other \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Number Street City State Zip

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**Note:** If you have a Commercial Driver's License, complete CDL section on page 3.

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Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ am/pm

Are you legally eligible to work in the United States?  Yes  No

Have you ever filed an application with us before?  Yes  No

If Yes, give date: \_\_\_\_\_

Have you ever been employed with the City of Centralia?  Yes  No

If Yes, give date: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_ Desired Salary : \_\_\_\_\_

Type of Employment Desired:  Full Time  Part Time  Seasonal  
Shift 1 2 3 Morning, Afternoon, Evening Dates Available  
\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime, except for minor traffic violations?  Yes  No

If yes, please provide details \_\_\_\_\_

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## Employment History

Starting with your most recent employer, please complete the following information.

Employer: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Salary: Begin \_\_\_\_\_ Final: \_\_\_\_\_ Per: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Summary of Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment – From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Salary: Begin \_\_\_\_\_ Final: \_\_\_\_\_ Per: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Summary of Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment – From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Salary: Begin \_\_\_\_\_ Final: \_\_\_\_\_ Per: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Summary of Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment – From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Salary: Begin \_\_\_\_\_ Final: \_\_\_\_\_ Per: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Summary of Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment – From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact the employers listed above?  Yes  No

## Educational Background

**Please provide information about your education and training background.**

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/Degree 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:

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, religion, national origin, age, ancestry, disability or other protected status.*

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Please list any other job related skills and qualifications from employment or other experience:

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This section must be completed by all applicants for positions that require a CDL (Commercial Driver's License)

Check your current classification and endorsements in the space provided:

**Current Classification**

**Endorsements**

A \_\_\_\_\_ A Permit \_\_\_\_\_

H (Hazmat) \_\_\_\_\_

P (Passenger) \_\_\_\_\_

B \_\_\_\_\_ B Permit \_\_\_\_\_

N (Tanker) \_\_\_\_\_

T (Double/Triple Trailer) \_\_\_\_\_

C \_\_\_\_\_ C Permit \_\_\_\_\_

A (Airbrakes) \_\_\_\_\_

X (HazMat/Tanker) \_\_\_\_\_

**Only answer the following question if you feel that you have been informed about the requirements of the job for which you are applying.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which have applied? A review of the activities involved in such a job or occupation has been given.

Yes \_\_\_\_\_ No \_\_\_\_\_

List any other names you have been employed under: \_\_\_\_\_

**Applicant's Statement**

I certify that all information I have provided in this application is 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 Centralia to review my previous employment (except as stated above), driving record, criminal record, and/or other background data as it may relate to the position(s) for which I am applying or have been hired. I agree that employment may be contingent upon meeting all placement considerations, including medical ones.

The City shall have the right at any time after the termination of my employment to furnish to others information concerning my employment record, work habits, and work performance with the City, which is maintained in my personnel file. I specifically release the City, its officers, directors, agents, and employees from any and all liability regarding the release of any information described in this paragraph.

I authorize the City to investigate all statements contained in this application and hereby release former employers and the City from any and all liability on account of furnishing such information to the City.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only**

Arrange Interview \_\_\_\_\_ Yes \_\_\_\_\_ No

Remarks \_\_\_\_\_

Employed \_\_\_\_\_ Yes \_\_\_\_\_ No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Wage \_\_\_\_\_ Dept. \_\_\_\_\_

By \_\_\_\_\_

Name and Title

\_\_\_\_\_

Date

**CITY OF CENTRALIA**  
**EMPLOYMENT NOTICE**

Applicants for the position of \_\_\_\_\_ are notified that, subsequent to an offer of employment, the selected candidate will be required to take a physical examination and a drug test administered by a physician designated by the City. The City may withdraw its offer of employment if the results of the examination demonstrate that the applicant is unable to perform the essential functions of the job, with or without a reasonable accommodation. The examination will also constitute a baseline record of the applicant's physical condition at the time of hiring.

The final candidate will also be required to sign a release allowing the City to contact all past employers, educational institutions, and references, as well as requesting a credit history of applicant.

\* \* \* \* \*

I acknowledge that I have read the above statement and have been informed of the employment conditions described therein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date