



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

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.

The City of Centralia is an equal opportunity employer and e-verify employer. Applicants will be considered regardless of race, color, national origin, religion, gender, age, marital status, veteran status, medical condition, disability, or any other legally protected status. Equal access to the hiring process, services, and employment is available to all individuals. Applicants requiring accommodations to application or interview process should contact the City Clerk.



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POSITION(S) APPLIED FOR

DATE

How did you learn about us?

☐ Advertisement

☐ Relative

☐ Inquiry

☐ Employment Agency

☐ Friend

☐ Other _____

Name: _____ Cell No.: _____
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.

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 _____

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.

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

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

A _____ A Permit _____

B _____ B Permit _____

C _____ C Permit _____

Endorsements

H (Hazmat) _____

N (Tanker) _____

A (Airbrakes) _____

P (Passenger) _____

T (Double/Triple Trailer) _____

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