



Administrative Services Department
300 North Coal Street
Mexico, Missouri 65265
Voice: 573.581.2100
Fax: 573.581.6261
www.mexicomissouri.net

Date Received: _____

Application for Employment

Affirmative Action Policy

We welcome you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of the City of Mexico to provide equality of opportunity in employment to all persons. The policy prohibits discrimination because of race, color, religion, national origin, place of residence, political affiliation, disability, marital status, sex or age in all aspects of our personnel policies, programs, practices and operations. This policy applies to all phases of full, part-time, temporary, and seasonal employment.

The City of Mexico is a tobacco free workplace and an E-Verify employer.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the City of Mexico. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information that you believe qualifies you for the position for which you are applying. Please use typewriter or ink.

Title or Type of Work Applying For *Temporary/Part Time/Full Time*

Dates available

Name (First) *Middle Initial* *Last*

Permanent Address *City, County, State and Zip*

Home Telephone Number *Driver's License Number and State*

Are you related to any current City Employee?

If so, please provide the name and relationship

Education Information

Name of School	Address of School	Dates Attended	Major
<i>High School</i>			
<i>College/University</i>			
<i>College/University</i>			
<i>Graduate</i>			
<i>Technical</i>			
<i>Other</i>			

List any correspondence course, special courses, seminars, workshops, training sessions, etc., that might relate to this position. Also, list any licenses or certificates relating to this position.

Employment History

Please list employers beginning with your present or most recent employment. It is important that it be complete. You are encouraged to submit a personal resume in addition to this application.

<i>Employer's Name</i>	<i>Mailing Address</i>	<i>Telephone Number</i>
<i>Position Held</i>	<i>Duties Performed</i>	<i>Immediate Supervisor</i>
<i>Dates of Employment</i>	<i>Last Salary</i>	<i>Full/Part Time</i>
<i>Reason for Leaving</i>		

<i>Employer's Name</i>	<i>Mailing Address</i>	<i>Telephone Number</i>
<i>Position Held</i>	<i>Duties Performed</i>	<i>Immediate Supervisor</i>
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<i>Reason for Leaving</i>		

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<i>Position Held</i>	<i>Duties Performed</i>	<i>Immediate Supervisor</i>
<i>Dates of Employment</i>	<i>Last Salary</i>	<i>Full/Part Time</i>
<i>Reason for Leaving</i>		

(Any further employment history you wish to include, please list on a separate sheet)

<i>Volunteer Organization</i>	<i>Mailing Address</i>	<i>Telephone Number</i>
<i>Position Held</i>	<i>Duties Performed</i>	<i>Immediate Supervisor</i>
<i>Dates of Participation</i>	<i>Hours Per Week</i>	<i>Skills Learned</i>
<i>Any skills or experience that relate to this position.</i>		

References

<i>Name and Address</i>	<i>Telephone Number</i>
<i>Name and Address</i>	<i>Telephone Number</i>
<i>Name and Address</i>	<i>Telephone Number</i>
<i>Name and Address</i>	<i>Telephone Number</i>

The facts set forth in my application are true and complete. I understand that, if employed, false statements on this application will be considered sufficient cause for dismissal. I hereby authorize the City of Mexico without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume 'or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I also understand that neither this application nor a commitment of employment by the City of Mexico constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by the City of Mexico. I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit an application in order to be considered for positions at the City of Mexico.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I hereby certify that all answers to the above questions are true and I agree and understand that any false statements contained in this application may cause rejection of this application or termination of employment without notice or benefits.

Signature

Date

**CITY OF MEXICO
PHYSICAL EXAM AND SCREENING POLICY**

Post offer of employment, prior to start date, the City may require a physical examination, drug and/or alcohol screening paid for by the City. In addition, the City may require a physical or mental health exam by qualified physicians, periodically, after an individual is employed, paid for by the City. However, disabled employees shall not be singled out for testing, unless their job performance is unsatisfactory, and this is probable cause to believe a physical or mental impairment may be the reason for poor performance. Likewise, if an individual is performing a job which involves the risk of physical injury to the individual, other employees or the public and the City has probable cause to suspect that a physical or mental impairment may increase the risk of injury, the City may require a medical exam to determine whether the continued functioning of the individual in that position poses an unreasonable risk of physical injury. In all other cases, all employees will be treated the same.

Date

Signature

City of Mexico

Release of Information for Pre-Employment Background Investigation

I, the undersigned applicant for employment with the City of Mexico, hereby authorize the officials of the City to conduct an investigation of my background by contacting my former employers and by examining criminal justice records to determine whether I have been convicted of a crime. I further authorize any and all enforcement officials to cooperate with the City of Mexico in this investigation and to release any information concerning my job performance or criminal record to the City of Mexico. A photo/fax of this authorization may be used as and has the same effect as an original document.

Signature _____

Name (print) _____

Date of Birth _____

Social Security Number _____

Drivers License No. and State _____

Employment processing will be expedited if this Release Authorization is returned via fax to 573.581.2236. Your cooperation is appreciated.

City Manager