

CITY OF MARSHALL, MISSOURI
Police Department
 An Equal Opportunity Employer
EMPLOYMENT APPLICATION
 214 N. Lafayette, Marshall, Mo. 65340
 660-886-2226

Instructions: Please print all information or you may type in the information, online via computer, and print it out for submission.

PERSONAL:

First Name: _____ Middle Name: _____ Last Name: _____

Current address: _____

Operator's license number and state: _____

List any other names you have used (such as maiden name or previous names by marriage): _____

Telephone numbers: _____

E-mail address: _____

List address for the past ten years

Street and Number	City and State.....	Zip Code....	From Month and Year	To Month and Year

How long, immediately previous to this application, have you lived in Marshall, Missouri? _____

Type of work desired _____

Other Kinds of Work You Can Do _____

Date Available for Employment: _____ Social Security Number _____

Are You a U.S. Citizen ____ If not, have you a legal right to remain permanently in the U.S.? _____

Have you ever worked for the City of Marshall _____ What dates? _____

Department: _____ Reason for Leaving: _____

If "No" have you previously made application? _____ If so, when? _____

Have you any relatives or friends working for the City of Marshall? _____

Name and Relation: _____

EMPLOYMENT HISTORY:

The City of Marshall will not contact your present employer without your permission. Do we have your permission to contact your present employer? _____

Please give a complete record of your past and present employment, accounting for all time, whether unemployed or in the armed services, for the past ten years or since leaving high school. If you are unemployed or have been self employed for more than 30 days, give the names of two persons (not relatives) who can verify this fact. The City of Marshall may conduct a routine inquiry before making you a job offer, or subsequently during the course of employment. That inquiry may include such information as character, general reputation, personal characteristics and mode of living.

Current or last Employment:

From Month-Year	To Month-Year	FULL NAME OF COMPANY/ORGANIZATION Indicate Nature of Business

Street Address of company/organization	City.....	State....	Zip Code	Area Code	Phone Number

DEPARTMENT AND NAME OF YOUR SUPERVISOR	YOUR POSITION (Job Title and Description of Duties)	SALARY	REASON FOR LEAVING

Previous Employment:

From Month-Year	To Month-Year	FULL NAME OF COMPANY/ORGANIZATION Indicate Nature of Business

Street Address of company/organization.....	City.....	State...	Zip Code	Area Code	Phone Number

DEPARTMENT AND NAME OF YOUR SUPERVISOR	YOUR POSITION (Job Title and Description of Duties)	SALARY	REASON FOR LEAVING

Previous Employment:

From Month-Year	To Month-Year	FULL NAME OF COMPANY/ORGANIZATION Indicate Nature of Business

Street Address of company/organization.....	City.....	State...	Zip Code	Area Code	Phone Number

DEPARTMENT AND NAME OF YOUR SUPERVISOR	YOUR POSITION (Job Title and Description of Duties)	SALARY	REASON FOR LEAVING

Previous Employment:

From Month-Year	To Month-Year	FULL NAME OF COMPANY/ORGANIZATION Indicate Nature of Business

Street Address of company/organization.....	City.....	State....	Zip Code	Area Code	Phone Number

DEPARTMENT AND NAME OF YOUR SUPERVISOR	YOUR POSITION (Job Title and Description of Duties)	SALARY	REASON FOR LEAVING

[If you do not have sufficient space to give a complete history of your employment, attach additional sheets and continue.]

Education

TYPE OF SCHOOL	NAME OF SCHOOL AND LOCATION	DID YOU GRADUATE?	SCHOLASTIC STANDING	YEARS or HOURS OF CREDIT	MAJOR AND MINOR FIELDS OF STUDY	TYPE DEGREE OR DIPLOMA
HIGH SCHOOL						
College, University, Graduate, Business And/or Trade School or Police Academy						

MILITARY SERVICE

(Armed Forces of the United States of America)

Branch of Service: _____ Active Duty Period of Service: _____ to _____

Describe principal duties performed while in service: _____

Service schools or special experience: _____

Present reserve status: _____ Branch of Service: _____ When Completed? _____

Note: If you have prior military service, attach a copy of your Department of Defense Form 214 or explain why you are unable.

REFERENCES

List three responsible persons, other than relatives or past employers, who know you well enough to give information about you.

Full Name (First, Middle Initial, Last)	Complete Address (Street, City, State, and Zip Code)	Work and Home Telephone Area Code and Number	Occupation	How Long Have They Known You?

IN CASE OF EMERGENCY, NOTIFY

First Name _____ Middle Initial _____ Last Name _____

Relationship: _____

Telephone Area Code and Number (Work and Home) _____

Address: (Street and Number, City, State, Zip Code) _____

I hereby certify that there are no will misrepresentations in or falsification of any of the information provided in this application or on additional sheets. I am aware that should investigation disclose such misrepresentations or falsifications, my application will be rejected and I will be disqualified from applying in the future for any position with the City of Marshall, Missouri. I also authorize my former employers and references to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records. I hereby release them and their company or organization for any damage whatsoever for issuing this information.

Name

Signature

Date