



# APPLICATION FOR EMPLOYMENT

City of Cameron  
205 N. Main, Cameron MO 64429  
816-632-2177  
www.cameronmo.com

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For: _____	Date of Application: _____	
Last Name: _____	First Name: _____	Middle: _____
Address: _____		
<small>street</small>	<small>city</small>	<small>state</small> <small>zip</small>
Phone: _____	Email: _____	
Social Security Number (voluntary) _____		

Best time to contact you at home: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

If you are under 18, can you provide required proof of your eligibility to work?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever filed an application with us before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, when? _____				
Have you ever been employed by us before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, when? _____				
Do any of your friends or relatives work here?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you currently employed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
May we contact your present employer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <i>Proof of citizenship or immigration</i> <i>status will be required upon employment.</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Date available for work: \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary/Seasonal
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Can you travel if the job requires it?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

**EDUCATION**

	School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other/Specify				

**Describe any specialized training, apprenticeship, skills and extra-curricular activities:**

---



---



---



---

**Describe any job-related training received in the United States military:**

---



---



---



---

**EXPERIENCE**

	From	To	Work Performed
Employer _____			
Address _____	Wage/Salary		
Phone _____	Starting	Ending	
Title _____			
Reason for leaving: _____			

	From	To	Work Performed
Employer _____			
Address _____	Wage/Salary		
Phone _____	Starting	Ending	
Title _____			
Reason for leaving: _____			

	From	To	Work Performed
Employer _____			
Address _____	Wage/Salary		
Phone _____	Starting	Ending	
Title _____			
Reason for leaving: _____			

**List professional, trade, business, or civic activities and offices held:**

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

---

---

---

---

---

---

---

---

**Other Qualifications:** *(summarize special job-related skills and qualifications acquired from employment or other experience )*

---

---

---

---

---

---

---

---

Specialized Skills (Check Skills / Equipment Operated)		Machinery (list)	Other (list)
<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet		
<input type="checkbox"/> PC / MAC	<input type="checkbox"/> Word Processing		
<input type="checkbox"/> Typewriter _____wpm	<input type="checkbox"/> Shorthand _____wpm		

**State any additional information you feel may be helpful to us in considering your application.**

---

---

---

---

---

---

---

---

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?  Yes  No

**REFERENCES**

(1) \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

\_\_\_\_\_ (Address)

(2) \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

\_\_\_\_\_ (Address)

(3) \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

\_\_\_\_\_ (Address)

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

---

**(Signature of Applicant)**

---

**(Date)**