



**CITY OF CAPE GIRARDEAU
EMPLOYMENT APPLICATION**



Human Resources ♦ 401 Independence ♦ P.O. Box 617 ♦ Cape Girardeau, MO ♦ 63702-0617

Phone: (573) 339-6390 ♦ Fax: (573) 339-6302 ♦ Web Site www.cityofcapegirardeau.org

POSITION APPLYING FOR:

Last Name	First Name	Middle Name	Part-Time <input type="checkbox"/>	Full-Time <input type="checkbox"/>
Address		Apt Number	Home Telephone Number	
City	State	Zip Code	Secondary Contact Number	
Driver's License Number		State	Social Security Number	
Have you ever been convicted or plead guilty to a felony as an adult?*			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what was the nature of conviction/plea _____				
Have you ever been employed by the City of Cape Girardeau? If yes, please list dates of prior employment and job title.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any relatives employed by the City? If yes, provide name of employee and department:			Yes <input type="checkbox"/>	No <input type="checkbox"/>

How did you learn of the position of which you are applying for?
 Newspaper Cable Channel 993 Website Friend or Relative Other _____

EDUCATION AND TRAINING

Name of High School:	Did you graduate or receive a G.E.D.? Yes <input type="checkbox"/> No <input type="checkbox"/>
COLLEGE, TRADE OR TECHNICAL SCHOOL	DEGREE
	DID YOU RECEIVE A DEGREE? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

* A conviction or a plea will not necessarily disqualify applicant.

ADDITIONAL INFORMATION

List any additional training or skills that would be helpful in the position for which you are applying.

EMPLOYMENT INFORMATION

Current/Most Recent Employer _____
Address _____ City _____ State _____ Zip _____
Telephone Number (_____) _____ Supervisor & Title _____
Employed From _____ mo/yr To _____ mo/yr Final Pay _____
Job Title (s) _____
Describe your major duties and responsibilities with this employer. _____

Reason for Leaving _____ May we contact this employer? Yes No

Employer _____
Address _____ City _____ State _____ Zip _____
Telephone Number (_____) _____ Supervisor & Title _____
Employed From _____ mo/yr To _____ mo/yr Final Pay _____
Job Title (s) _____
Describe your major duties and responsibilities with this employer. _____

Reason for Leaving _____

Employer _____
Address _____ City _____ State _____ Zip _____
Telephone Number (_____) _____ Supervisor & Title _____
Employed From _____ mo/yr To _____ mo/yr Final Pay _____
Job Title (s) _____
Describe your major duties and responsibilities with this employer. _____

Reason for Leaving _____

I hereby certify that all statements in this application are true and I authorize investigation and verification of any of this material. I understand that any misstatement or omission of information will cause forfeiture of my eligibility for employment and will result in my removal from the eligibility list or my dismissal from City employment. I further agree to be drug tested and to furnish proof of eligibility to work in the United States. I understand that the City of Cape Girardeau reserves the right to notify only those individuals selected for an interview as to the status of their application for employment.

EOE/ADV/M/F/V

Signature of Applicant: _____ Date: _____