

APPLICATION FOR EMPLOYMENT

The City of Sedalia Parks and Recreation Department is an Equal Opportunity employer
SEDALIA PARKS & RECREATION DEPARTMENT
CONVENTION HALL 1500 WEST 3RD STREET
SEDALIA, MISSOURI 65301

POSITION APPLIED FOR: _____

Date: _____ **Date of Birth:** _____ **Social Security Number:** _____

Name: _____ **Phone:** _____
Last First Middle

Address: _____
Street City State Zip

Driver's License Number: _____ **State:** _____

Have you ever been convicted of a felony? _____ **If yes, explain fully:** _____

(Conviction of a felony does not automatically bar employment with the City of Sedalia. Case facts will be considered individually.)

What hours/days can you work? _____

When would you be able to start work with the SPRD? _____

What kind of work are you unable or unwilling to perform? _____

What is the minimum salary you would accept? _____

What is the highest level of education you have attained? _____

WORK EXPERIENCE

1. **Present Employer:** _____ **May we contact this employer?** _____

Address: _____

City/State/Zip: _____ **From:** _____ **To:** _____

Position: _____ **Supervisor:** _____

Main Duties: _____

Final Salary: _____ **per** _____ **Reason for leaving:** _____

2. **Previous Employer:** _____ **May we contact this employer?** _____

Address: _____

City/State/Zip: _____ **From:** _____ **To:** _____

Position: _____ **Supervisor:** _____

Main Duties: _____

Final Salary: _____ **per** _____ **Reason for leaving:** _____

If applying for a Lifeguard position, please list all current certifications.

Please describe below any other related experience (voluntary work, hobbies, part-time or temporary work), special skills, or qualifications not covered elsewhere in this application.

Do you have any relatives currently employed with the City? _____ Yes _____ No

If YES, state the names(s), relationship(s), and department(s) in which employed:

<i>Name</i>	<i>Relationship to you</i>	<i>Department</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

REFERENCES

Please list below the name, address, and phone number of persons we may contact for personal reference.

1. _____
2. _____
3. _____
4. _____

PLEASE READ CAREFULLY AND SIGN:

The facts set forth above in my application are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered cause for dismissal. I further understand that incomplete information or absence of my signature is just cause for rejection of this application. My signature authorizes the City of Sedalia and the Sedalia Parks and Recreation Department to review my previous employment (except as stated above), driving and criminal records, and/or other background data as it may relate to the applied position.

Date

Signature