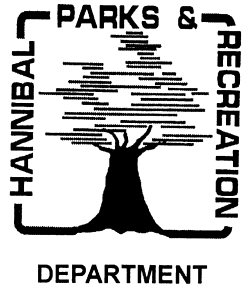


APPLICATION FOR EMPLOYMENT
City of Hannibal
320 Broadway
Hannibal, MO 63401
Phone 573 221-0154
Fax 573 221-0155



Position applied for _____

Date of Application _____

Name: _____
Please print

Home Phone _____

Street _____

Work Phone _____

City _____ State _____ Zip _____

Cell Phone _____

e-mail _____

Are you willing to work evenings or week-ends if required? _____

If hired, first date you would be available to work? _____

Have you ever been convicted of a felony or received a suspended imposition of sentence for a felony?

If so, explain circumstances: _____

Can you operate an automobile? _____ Driver's License # _____ State _____

Do you have a CDL License? _____

Have you had any arrests, suspensions or revocations on your driving record? _____

| EDUCATION | NAME AND LOCATION OF SCHOOL | MAJOR | DIPLOMA/DEGREE |
|-----------|-----------------------------|-------|----------------|
|-----------|-----------------------------|-------|----------------|

| | | | |
|-------------|--|--|--|
| High School | | | |
|-------------|--|--|--|

| | | | |
|--------------------|--|--|--|
| College/University | | | |
|--------------------|--|--|--|

| | | | |
|--------------------|--|--|--|
| College/University | | | |
|--------------------|--|--|--|

| | | | |
|--------------------|--|--|--|
| College/University | | | |
|--------------------|--|--|--|

| | | | |
|----------------|--|--|--|
| Other Training | | | |
|----------------|--|--|--|

| | | | |
|----------------|--|--|--|
| Other Training | | | |
|----------------|--|--|--|

If education or training was received under a different last name, please give name that appears on your school or training records.

Please list your employment history, beginning with your present or most recent employer.

Employer Name _____

Address _____

Date Started _____ Date Left _____ Reason for Leaving _____

Describe Duties _____

May we contact this employer for a reference? Yes _____ No _____

Employer Name _____

Address _____

Date Started _____ Date Left _____ Reason for Leaving _____

Describe Duties _____

May we contact this employer for a reference? Yes _____ No _____

Employer Name _____

Address _____

Date Started _____ Date Left _____ Reason for Leaving _____

Describe Duties _____

May we contact this employer for a reference? Yes _____ No _____

Employer Name _____

Address _____

Date Started _____ Date Left _____ Reason for Leaving _____

Describe Duties _____

May we contact this employer for a reference? Yes _____ No _____

Please list job knowledge or abilities that will be useful for the position applied for:

Please list professional or character references (no relatives)

Name

Name

Address

Address

City State Zip

City State Zip

Name

Name

Address

Address

City State Zip

City State Zip

Additional comments: _____

Applicants are encouraged to submit a resume, work samples, and academic records if available.

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that by signing this application, I will allow a check on background and references as indicated above. I also understand that if I am employed, any false statements on this application may result in dismissal.

I authorize the City to make an investigation of any of the facts set forth in this application.

Signature

Date