

# City of Liberty Employment Application

Date:

Social Security #:

Last Name

First

Middle

Telephone Number

Are you under 18 years of age? Yes No If no, hire is subject to verification that you are of minimum legal age.

IF YOU ARE NOT A U.S. CITIZEN, DO YOU POSSESS AN ALIEN REGISTRATION CARD WHICH YOU CAN PROVIDE IF EMPLOYED? \_\_\_\_\_. HAVE YOU PREVIOUSLY BEEN KNOWN BY ANOTHER NAME? YES \_\_\_\_\_ NO \_\_\_\_\_.

IF YES, PLEASE LIST OTHER NAME OR NAMES: \_\_\_\_\_

SCHOOL	NAME AND ADDRESS OF INSITUATION	DATE ATTENDED OR COMPLETED	DEGREE
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High School

College

Other

Average College Grade \_\_\_\_\_ Class Standing \_\_\_\_\_ # In Class \_\_\_\_\_ Languages \_\_\_\_\_

Scholarships, Fellowships, ETC. Awarded \_\_\_\_\_

Professional and Honorary Societies \_\_\_\_\_

Other Scholastic Honors \_\_\_\_\_

Campus Activities \_\_\_\_\_

Percentage of College Expenses Earned? \_\_\_\_\_

Give the names of at least five persons who know you, excluding relatives:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

THE CITY OF LIBERTY IS AN EQUAL OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, AGE, SEX, RELIGION, NATIOAL ORGIN, HANDICAP OR VETERAN STATUS. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THE CITY OF LIBERTY DEPENDS SOLEY ON YOUR QUALIFICATIONS.

(over)

**MILITARY**

HAVE YOU EVER SERVED IN THE ARMED SERVICES? \_\_\_\_\_ BRANCH-----  
FINAL RANK \_\_\_\_\_ DATE ENTERED SERVICE \_\_\_\_\_ DATE DISCHARGED \_\_\_\_\_  
SERVICES SCHOOL ATTENDED \_\_\_\_\_ CITATIONS OR MEDALS \_\_\_\_\_  
DESCRIBE SERVICE DUTIES \_\_\_\_\_ PRESENT CLASSIFICATION \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_ PRESENT RESERVE OD GUARD STATUS \_\_\_\_\_

**EMPLOYMENT HISTORY**

LIST BELOW ALL EMPLOYMENT FOR THE PAST 10 YEARS STARTING WITH PRESENT EMPLOYMENT

NAME AND ADDRESS OF EMPLOYER	WORK PERFORMED	RATE OF PAY	PERIOD OF EMPLOYMENT	REASON FOR LEAVING

RELATIONSHIP	FULL NAME	OCCUPATION	EMPLOYER	ADDRESS
FATHER				
MOTHER				
WIFE				
HUSBAND				

ARE YOU RELATED TO ANYONE EMPLOYED BY THE CITY OF LIBERTY? IF SO, WHAT IS HIS/HER NAME: \_\_\_\_\_

IN CASE OF AN EMERGENCY CONTACT: \_\_\_\_\_

DO YOU HAVE ANY FAMILY OR OTHER OBLIGATIONS WHICH MAY POSSIBLY INTERFERE WITH REGULAR ATTENDANCE AND /OR JOB PERFORMANCE? YES \_\_\_\_\_ NO \_\_\_\_\_. IF YES, PLEASE EXPLAIN

I AUTHORIZATION INVESTAGATION OF ALL MATTERS CONTAINED IN THIS APPLICATION AND AGREE THAT IF, IN THE JUDGEMENT OF THE CITY OF LIBERTY, ANY MISREPRESENTSTON HAS BEEN MADE BY ME OR THE RESULTS OF SUCH INVESTATION ARE NOT SATISFACTORY, ANY OFFEER OF EMPLOYMENT MADE BY THE CITY OF LIBERTY MAY BE WITHDRAWN, OR MY EMPLOYMENT WITH THE CITY OF LIBERTY TERMINATED IMMEDIATELY WITHOUT ANY OBLIGATION OR LIABILITY TO ME OTHER THAN PAYMENT FOR SERVICES ACTUALLY RENDERED IF I HAVE BEEN EMPLOYED.

I UNDERSTAND THAT EMPLOYMENT WITH THE CITY OF LIBERTY IS CONTINGENT UPON THE COMPLETION OF A DRUG SCREENING TEST; SUCCESSFUL COMPLETION OF THIS SCREENING IS NO GUARATNEE OF EMPLOYMENT OR JOB AVAILABILITY.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_