



# CITY OF NEW MADRID

## Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

560 Mott Street, PO Box 96  
New Madrid, MO 63869

Phone: (573) 748-2866  
Fax: (573) 748-5402

[www.new-madrid.mo.us](http://www.new-madrid.mo.us)

GENERAL	Name: Last			First	Middle	Date of Application
	Present Address:			Number and Street		Home Telephone No. (Include Area Code)
						Cell Phone No. (Include Area Code)
	City, State, and Zip Code			Work Telephone No. (Include Area Code)		
	Have you ever been employed under another name? If yes, please list the name(s).			<input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number
	Have you ever been convicted of a misdemeanor or felony? If yes, please list date of conviction and offense.			<input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail Address (All correspondence will be sent through email)
	List people related to you in any way employed by the City of New Madrid and give the relationship.			Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of Citizenship or Immigration Status will be required upon employment		
	Type of work preferred or position applied for:			Are you at least age 16? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Date Available For Work	Salary Requirement	Do you restrict your availability to specific hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you restrict your availability to specific days of the week? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Specify hours and days: _____			
	List any and all skills or qualifications which you feel would qualify you for the position(s) applied for:					
Drivers License No.	State	Class	Endorsements		License Expiration Date	
Have you ever been employed by the City of New Madrid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list position and dates:						
If your primary residence is outside the city limits, are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Office use only:

EDUCATION	TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR SUBJECT	CIRCLE YEARS COMPLETED				DEGREE/ DIPLOMA/ CERTIFICATION	NUMBER OF YEARS ATTENDED
				5	6	7	8		
	Elementary School								
	High School			9	10	11	12		
	College				1	2	3	4	
	College				1	2	3	4	
	Post Graduate Education				1	2	3	4	
	Business or Technical School				1	2	3	4	
	Other				1	2	3	4	
	If no degree, list total credit hours recognized by college you attended								

MILITARY						
	Have you served with the Armed Forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, what branch _____		
	Date of enlistment _____			Date of Discharge _____		
	Month	Day	Year	Month	Day	Year
	Rank attained _____			Type of Discharge _____		
	Current Reserve Obligation _____					
List special training received while in the Armed Forces?						

REFERENCES							
	List names of three persons (not relatives or former employers) who have known you for the past five years.						
	Name	Address	City,	State,	Zip	Telephone Number	Occupation
	Name	Address	City,	State,	Zip	Telephone Number	Occupation
Name	Address	City,	State,	Zip	Telephone Number	Occupation	

<b>EMPLOYMENT HISTORY</b>							
<b>PRESENT OR LAST</b>	Employer Name		Employer Address, City, State, Zip Code				
	Position Title		Start Date	Leaving Date	Reason for leaving		
	Supervisor's Name	Supervisor's Title			Supervisor's Phone Number	Starting Salary	Final Salary
	Duties and Responsibilities						
<b>PREVIOUS</b>	Employer Name		Employer Address, City, State, Zip Code				
	Position Title		Start Date	Leaving Date	Reason for leaving		
	Supervisor's Name	Supervisor's Title			Supervisor's Phone Number	Starting Salary	Final Salary
	Duties and Responsibilities						
<b>PREVIOUS</b>	Employer Name		Employer Address, City, State, Zip Code				
	Position Title		Start Date	Leaving Date	Reason for leaving		
	Supervisor's Name	Supervisor's Title			Supervisor's Phone Number	Starting Salary	Final Salary
	Duties and Responsibilities						
<b>PREVIOUS</b>	Employer Name		Employer Address, City, State, Zip Code				
	Position Title		Start Date	Leaving Date	Reason for leaving		
	Supervisor's Name	Supervisor's Title			Supervisor's Phone Number	Starting Salary	Final Salary
	Duties and Responsibilities						

PREVIOUS	Employer Name		Employer Address, City, State, Zip Code		
	Position Title		Start Date	Leaving Date	Reason for leaving
	Supervisor's Name	Supervisor's Title		Supervisor's Phone Number	Starting Salary
	Duties and Responsibilities				

Use this space for comments or information not covered elsewhere

**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING THIS APPLICATION**

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for disqualification from the selection process or dismissal from City employment.

I authorize the persons, employers, and agents of employers listed on this application and all attachments to give you any and all information concerning any previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I authorize investigation of all statements contained in this application and authorize the investigation of all matters contained in this application and hereby give the City of New Madrid permission to contact any party that may have information about my work record, educational history, military record, financial record, criminal record, general reputation, and past or present medical record and condition.

In consideration of my employment, I agree to conform to the personnel policies and rules and regulations of the City of New Madrid, and my employment and compensation can be terminated, with or without cause, and with or without notice, at the option of either the City or myself. I understand that no City employee has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I understand that pre-employment drug testing as well as drug testing and physical examinations after employment may be required as a condition of employment depending on the nature of the job for which I submitted this application.

I understand that continued employment may be based on the successful passing of job related physical and psychological examinations depending on the nature of the job for which I submitted the application.

I understand this application may be used to apply for any job with the City of New Madrid or Municipal Light and Power. To be considered for another position at a later date, I understand I must notify Human Resources in writing stating my name, when I submitted this application, a telephone number where I can be reached during the day, and the position in which I am interested.

I hereby waive all rights to access or review of any information granted to me by the Privacy of Information Act. This waiver of access includes all information the City obtains throughout the application and selection process.

Date

Signature of Applicant