



201 S. Madison
Malden, MO 63863
573-276-4502
573-276-4109 (Fax)
Email: info@maldenmo.com

Applicant Information

Full Name: _____ Date: _____
Address: _____
Phone: _____ Email _____
Social Security No. _____ Date Available: _____
Position Applied for: _____
Are you a citizen of the United States? YES NO
Have you ever worked for this company? YES NO
Have you ever been convicted of a felony? YES NO

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO
College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO
Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____
Job related training received: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

The City of Malden is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.



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Previous Employment (continued)

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Describe any specialized training, apprenticeship and extra-curricular activities: _____

References

Please do not include relatives or former employers.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ Years Known: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ Years Known: _____

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Company: _____ Phone: _____
Address: _____ Years Known: _____

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Work Availability

What type of work do you desire: Full-Time Part-Time Summer/Seasonal?

If part-time, what days and hours are you available for work? _____

Do you have an objection to working overtime? Yes No

Can you work overtime without prior notice? Yes No

Can you work on Saturday? Yes No

Can you work on Sunday? Yes No

Can you travel if required by this position? Yes No

Desired Pay Range: _____ Hourly Annual

Disclaimer and Signature

Please read the following carefully before you sign your name.

I hereby certify I have answered all questions completely and that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement or omission by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the City of Malden. I have read, understand and agree to the above statement. *(Please initial here.)* _____

I hereby specifically authorize the City of Malden to conduct a Criminal Background Check through law enforcement agencies. I further authorize the City of Malden to contact schools listed herein by me and for the City of Malden to have full access to my academic record at such schools. *(Please initial here.)* _____

I further understand that no representative of the City of Malden has the authority to enter into any agreement for employment for any specified period of time and that the City of Malden is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by the City of Malden. I have read, understand and agree to the above statement. *(Please initial here.)* _____

If employed, I agree to abide by all the work and safety rules of the City of Malden. I understand that the City of Malden is committed to maintaining a safe and drug-free workplace. I am aware that the City of Malden will require a pre-employment physical and drug test as part of the hiring process. Also, if employed, I realize that the City conducts random drug testing of its employees. I have read, understand and agree to the above statement. *(Please initial here.)* _____

I understand that this application will remain active for 90 days for consideration. After 90 days, if I am still interested in a position with the City of Malden, it will be necessary for me to update the application form.

Sign here: _____ Date: _____

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