



Personnel Department
103 South Sterling
Sugar Creek, Missouri 64054
(816) 252-4400

EMPLOYMENT APPLICATION
CITY OF SUGAR CREEK

An Equal Opportunity Employer: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or disability, except where a reasonable, bona fide occupational qualification exists.

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability to do the job. On the other hand, if you would like the City to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment on page 4, and suggest the kind of accommodation that you believe would be appropriate.

PLEASE PRINT OR TYPE PLAINLY

Date: _____

Position(s) applied for: _____

List any and all skills or qualifications which you feel would qualify you for the position(s) applied for:

Name _____
Last First Middle

Present Address _____
Street No. City State Zip

Phone No. _____ Social Security Number _____

Are you legally eligible for employment in the United States? _____ Yes _____ No

Will you work: Full Time _____ Part-Time _____ Seasonal/Temporary _____

Will you work overtime if asked? _____ Yes _____ No

If your application is favorably considered, on what date will you be available for work? _____

Pay expected: _____

If employed and you are under 18, can you furnish a work permit? _____ Yes _____ No

Police Officer Only – Are you 21 years of age or older? _____ Yes _____ No

Have you been convicted of a felony within the last 7 years? _____ Yes _____ No
(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain _____

Some positions require a Missouri valid driver's license. Please complete, if applicable.
License Number _____

Do you have any relatives working for the City? If so, please list their names and relationship

Veteran of the U.S. Military service? _____ Yes _____ No

If Yes, Branch _____

EDUCATION

Give your complete educational history below. The "Remarks" section may be used to explain or supplement your education record; for example: special courses, skills, experience, etc.

	Elementary	High	College/University	Graduate
School Name	_____			
Years Completed (Please Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Diploma/Degree _____

Describe Course of Study _____

Honors Received: _____

Remarks: _____

EMPLOYMENT HISTORY

List employment for at least the past 5 years. Begin with your present position (or if unemployed your most recent employment) and work back.

From ____/____/____ to ____/____/____ Job Title _____ Salary _____
 Mo. Yr. Mo. Yr.

Employer _____ Address _____
 Employer Phone _____ Reason for Leaving _____
 Job Duties _____

From ____/____/____ to ____/____/____ Job Title _____ Salary _____
 Mo. Yr. Mo. Yr.

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 Employer Phone _____ Reason for Leaving _____
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