



**WORK EXPERIENCE:** Start with your present or most recent job.

1. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City & State: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Final Pay: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City & State: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Final Pay: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City & State: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Final Pay: \_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_

Give name, address and telephone number of two character references who are not related to you and are not previous employers:

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

Summarize special skills or qualifications not covered elsewhere in this application and/or list any additional information you would like us to consider:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN IN INK. APPLICATIONS NOT SIGNED WILL NOT BE ACCEPTED.**

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any false information contained in this application is just cause for rejection of this application and, if employed, sufficient cause for dismissal.

I agree that my possible employment is subject to satisfactory replies from previous and current employers and references and I hereby give said previous and current employers and references permission to release information to the City of Moberly. I also authorize the City of Moberly to contact my previous and present employers (except as stated above), references and to review my driving record, criminal record and/or other background data as it may relate to the position(s) for which I am applying or have been hired. I hereby release from liability the City of Moberly and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I understand that a medical examination may be required by the City, after an offer of employment is made and before I begin my employment duties, and the City may condition the employment offer on the results of the examination, provided all entering employees in the same job category are subjected to such an examination regardless of disability.

I agree to conform to the rules and regulations of the City of Moberly and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the City Manager or myself. I understand that no representative of the City has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to this disclaimer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature