

City of Poplar Bluff  
**Employment Application Form**  
501 Vine St, Poplar Bluff, MO 63901

**APPLICANT INFORMATION**

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FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST FIRST M.I.

ADDRESS: \_\_\_\_\_  
STREET ADDRESS APARTMENT/UNIT #  
\_\_\_\_\_  
CITY STATE ZIP CODE

PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ DESIRED SALARY: \$ \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES  NO  EMPLOYMENT DESIRED? FULL  PART

HAVE YOU EVER WORKED FOR THIS ORGANIZATION? YES  NO  HOURS OF WORK PER WEEK DESIRED? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO

IF YES, EXPLAIN:

(NUMBER OF CONVICTION(S), NATURE OF OFFENSES LEADING TO CONVICTION(S), HOW RECENTLY SUCH OFFENSE(S) WAS/WERE COMMITTED, AND SENTENCE(S) IMPOSED)

IF YOU ARE APPLYING FOR EMPLOYMENT IN THE POLICE DEPARTMENT, DO YOU HAVE P.O.S.T. CERTIFICATION? YES  NO

**EDUCATION**

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HIGH SCHOOL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DID YOU GRADUATE? YES  NO  DEGREE: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DID YOU GRADUATE? YES  NO  DEGREE: \_\_\_\_\_

OTHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DID YOU GRADUATE? YES  NO  DEGREE: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

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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 [ ]

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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 [ ]

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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 [ ]

**MILITARY SERVICE**

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BRANCH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RANK AT DISCHARGE: \_\_\_\_\_ ARE YOU CURRENTLY IN THE ARMED FORCES? YES [ ] NO [ ]

**REFERENCES**

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**PLEASE LIST THREE PROFESSIONAL REFERENCES.**

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

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I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT INTENTIONAL MISREPRESENTATIONS OR OMISSIONS MAY BE CAUSE FOR THE REJECTION OF MY APPLICATION AND THAT IF HIRED I MAY BE RELEASED FROM EMPLOYMENT.

I UNDERSTAND THAT THE COMPANY MAY REQUIRE ME TO SUCCESSFULLY COMPLETE A PRE-EMPLOYMENT DRUG AND ALCOHOL TEST AS A CONDITION OF EMPLOYMENT AND THAT CONTINUED EMPLOYMENT MAY BE BASED ON THE SUCCESSFUL COMPLETION OF SIMILAR TESTS.

I UNDERSTAND THAT THE COMPANY MAY AS PART OF THE HIRING PROCESS REQUEST AN INVESTIGATIVE CONSUMER REPORT FROM A THIRD-PARTY ENTITY OR AGENCY INCLUDING INFORMATION CONCERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, CREDIT RECORDS, AND MODE OF LIVING. I MAY MAKE A WRITTEN REQUEST TO THE COMPANY TO PROVIDE ME WITH ADDITIONAL INFORMATION REGARDING THE NATURE AND SCOPE OF ANY SUCH REPORT.

I UNDERSTAND THAT EMPLOYMENT WITH YOUR COMPANY IS "AT WILL" AND NOTHING IN THE INTERVIEW OR HIRING PROCESS, THIS APPLICATION, OR YOUR COMPANY POLICIES ARE INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN MYSELF AND THE COMPANY. EMPLOYMENT MAY BE TERMINATED BY EITHER PARTY AT ANY TIME FOR ANY REASON WITH OR WITHOUT NOTICE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_