Application For Employment

Pre-Employment Questionnaire
(An Equal Opportunity Employer)

(Please complete all shaded areas)

Personal Information

Date:

Name: (Last / First / Middle) S.S. #:

Present Address: (Street / City / State / Zip)

Permanent Address: (Street / City / State / Zip)

Phone Number: E-Mail Address:

Are you 18 years or older? (21 for Police and Fire) Yes ☐ No ☐

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes ☐ No ☐

Employment Desired

Position Date You Can Start: Salary Desired:

Are you employed now? If so, may we inquire of your present employer?

Ever applied with the City of Rolla before? Position? When?

How did you learn of this opening?

Education	Name and Location of School	Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				
Subjects of special study or research work:				
Special Skills:				

Activities (Civic, Athletic, etc.):

Exclude organizations, the name of which indicates the Race, Creed, Sex, Age, Marital Status, Color or Nation of Origin of its members.

U.S. Military Service Rank Presently in Nat'l Guard or Reserves

Former Employers

(List below Last Three Employers, starting with most recent first.)

Date Month & Year		Name and Address of Employer	Yearly Salary	Position	Reason for leaving
From					
To					
From					
To					
From					
To					
From					
To					

Which of these jobs did you like best?

What did you like most about the job?

References

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted

In case of emergency notify:

Name Address Phone

"By completing the fields below, I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the rules and regulations of the City of Rolla, Missouri, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the City's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the City. I understand that no City representative, other than the City Administrator, and then only when in writing and signed by the City Administrator, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date: Please type your name:

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

ROLLA