HANNBA Write Your Own Story

Office of City Clerk

It is the policy of the City of Hannibal to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, marital status, veteran status, sexual orientation, genetic information, or any other protected characteristic under applicable law.

APPLICATION FOR EMPLOYMENT

Position ap	plied for:			Date of Application:				
Name: _	Please Print	Print Home Phone:						
Address:				Cell Phone:				
Addiess	Street			Gen i none.				
				Email:				
_	City	State	Zip					
Are you wil	ling to work eve	nings or week	ends, if re	quired?				
If hired, first date you would be available to work?								
felony?	ver been convict			ed a suspended imp		ence for a		
Can you op	erate an automo	bile?	D	river's License #		State:		
Do you hav	e a CDL License	?						
Do you hav	e any recent arre	ests, suspensi	ons, or re	vocations in regard	to driving?			
EDUCATIO	N NAM	E & LOCATIO	N OF SCH	OOL MAJOR	DEGREE			
High Schoo	ol .							
College/Uni	iversity							
College/Uni	iversity							
Other Train	ina							

Other Training (Cont'd.)								
If education or training was received under a different last name, please give name that appears on your school or training records:								
Please list your employment history, beginning with your present or most recent employer:								
Employer Name:								
Address:								
Date Started: Date Left:	Reason for Leaving:							
Describe Duties:								
May we contact this employer for a Reference:	Yes No							
Employer Name:								
Address:								
Date Started: Date Left:	Reason for Leaving:							
Describe Duties:								
May we contact this employer for a Reference:	Yes No							
Employer Name:								
Address:								
Date Started: Date Left:	Reason for Leaving:							
Describe Duties:								
May we contact this employer for a Reference:	Yes No							

Please lis	t job knowledç	ge or abilities tl	nat will be useful for the position applied for:	
Name	t Professional	or Character R	eferences (no relatives): Name	
Address			Address	
City	State	Zip	City State	Zip
Name			Name	
Address			Address	
City	State	Zip	City State	Zip
Additiona	l Comments:			
Applicant	ts are encoura	ged to submit	a resume, work samples, and academic records, if	available.
best of m backgrou false state	y knowledge. I nd and referen ements on this	understand the ces as per ind application m	Application for Employment are true and complete at be signing this application, I will allow a check of icated above. I also understand that if I am employ ay result in dismissal. I authorize the City to make the in this application.	on red, any
Applicant	's Signature		 Date	

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