

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Website
<input type="checkbox"/> Other _____	

Last Name:	First Name:	Middle Name:
Address:	Number	Street
	City	State
	Zip Code	
Telephone Number(s)	Social Security Number:	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date: ___/___/___

Have you ever been employed with us before?

Yes No

If Yes, give date: ___/___/___

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

___/___/___

Are you available to work:

Full Time

Part Time

Shift Work

Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If YES, please explain:

Education

	Elementary School	High School	Undergraduate College / University	Graduate / Professional
School Name and Location				
Years Completed	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma / Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities.				
Describe any honors that you have received.				
State any additional information you feel may be helpful to us in considering your application.				

Indicate any foreign languages you can speak, read / or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States Military? Yes No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.

Employer:		Dates Employed		Worked Performed
		From	To	
Address:				
Telephone Number(s)		Hourly Rate/Salary		
Job Title:	Supervisor:			
Reason for Leaving:				

2.

Employer:		Dates Employed		Worked Performed
		From	To	
Address:				
Telephone Number(s)		Hourly Rate/Salary		
Job Title:	Supervisor:			
Reason for Leaving:				

3.

Employer:		Dates Employed		Worked Performed
		From	To	
Address:				
Telephone Number(s)		Hourly Rate/Salary		
Job Title:	Supervisor:			
Reason for Leaving:				

4.

Employer:		Dates Employed		Worked Performed
		From	To	
Address:				
Telephone Number(s)		Hourly Rate/Salary		
Job Title:	Supervisor:			
Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s), may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

____/____/____
Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer _____ Date _____/____/____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name and Title _____ Date _____/____/____

Notes

Sunrise Beach Police Dept.
PO Box 348
32 Sunset Hill Dr.
Sunrise Beach, MO 65079
(573) 374-7757 Fax (573) 374-8118

Background Check Approval

I _____, authorize the Sunrise Beach
Police Department to run a Criminal History Report on
myself for the purpose of employment.

Date of Birth/Social Security Number

Print Name

Signature/Date



AUTHORIZATION FOR RELEASE OF INFORMATION

01.18.2018

I, _____ hereby authorize any representative of the Missouri Department of Public Safety's Peace Officer Standards and Training (POST) Program to release any and all information and records relating to my peace officer license, and any and all continuing law enforcement education training information and records to the following law enforcement agency:

Officer last four SSN: _____

Agency Name: Sunrise Beach Police Dept.

Contact Person: Chief Scott Craig

Phone Number: 573-374-7757

A photo static copy of this authorization will be considered as effective and valid as the original and shall not expire.

Signature of Licensee:

Date:

Subscribed and sworn to before me this _____ day of _____, 20___. I am commissioned as a notary public within the county of _____, state of _____, and my commission expires on _____, 20__.

NOTARY PUBLIC