


Applicant Data Record



City of Plattsburg
114 West Maple Street
Plattsburg, Missouri 64477
Phone 816-539-2148
Fax 816-930-3260

(PLEASE PRINT)

Qualified applicants are considered for all positions, and are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employer / government contractors, we comply with government regulations and affirmative action responsibilities.

Solely, to help us comply with government record keeping, reporting, and other legal requirements, please fill out the data record.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative

Employment Agency Other _____

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check One: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic

American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

List each job held. Start with your PRESENT or LAST job. Include military service assignments and volunteer activities. (Exclude groups that indicate race, color, religion, sex or national origin.) Include all periods of employment or volunteer service for the last ten years.

1	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor	Phone		
	Reason for Leaving			
2	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor	Phone		
	Reason for Leaving			
3	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor	Phone		
	Reason for Leaving			
4	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor	Phone		
	Reason for Leaving			

IF YOU NEED ADDITIONAL SPACE, CONTINUE ON A SEPARATE PIECE OF PAPER.

Summarize Special Skills and Qualifications Acquired From Employment or Other Experience _____

Education

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities				

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Agreement

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.

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 employee.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

Employed: Yes No

Interviewer _____ Date _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME TITLE DATE