

# General Employment Application

(for use in all positions)

## Eastern MO Commission Co.

16367 Bus. Hwy 61 North

(PO Box 87)

Bowling Green MO 63334

573-324-2295

It is the Policy of Eastern MO Commission Co to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Job Position Applied For: \_\_\_\_\_

### Applicant Information

*(Ineligible applications disqualify all positions, please take your time or ask for help to print legibly.)*

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Driver's License (State/Number) \_\_\_\_\_

Applicant will be required to provide a Social Security Number and further info if a job offer is extended.

### Emergency Contact

In the case of an Emergency or Accident, who should we contact on your behalf?

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address/City/State/ZIP: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**General Employment Questions**

Can you or will you work, Part Time or Full Time, and do you have a desired Salary or Rate of Pay?  
Please use the following few lines to briefly explain your employment expectations:

---

---

---

Who referred you or how did you come to apply for this position? \_\_\_\_\_

Please list any friends or relatives who work here and your relationship to them: \_\_\_\_\_

---

Have you worked or applied for employment here before? If yes, when and explain: \_\_\_\_\_

---

---

Are you at least 18 years old? \_\_\_\_\_ (Yes or No) If no are you at least 16 years old? \_\_\_\_\_ (Yes or No)

How will you get to work? \_\_\_\_\_

Are you willing to work nights, weekends and/or overtime if asked? \_\_\_\_\_ (Yes or No)

If no, please state any limitations: \_\_\_\_\_

---

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodations? \_\_\_\_\_ (Yes or No)

What reasonable accommodation, if any, would you request to be successful in the position applied for?

---

If you are offered employment, when would you be available to begin work? \_\_\_\_\_

### Applicants Employment History

List your current or most recent employment first followed by previous employeers. Please list all jobs including self-employment or military service which you have held giving dates for each going back at least 10 years or more. Please explain any gaps in employment. If you need additional space add a page.

Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address/City/State/ZIP: \_\_\_\_\_

Job duties/title: \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Explain reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address/City/State/ZIP: \_\_\_\_\_

Job duties/title: \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Explain reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address/City/State/ZIP: \_\_\_\_\_

Job duties/title: \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Explain reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Address/City/State/ZIP: \_\_\_\_\_

Job duties/title: \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_ Explain reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**Applicant Hobbies and Skills**

Please list any skills and experiences along with years involved or any quantitative ratings that may be useful for the job you are seeking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any off work time hobbies or leisurely activities that you would care to mention that might help us to appreciate your unique personality? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Applicants Educational History and Training**

High School/GED Name and Address:

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes or \_\_\_\_\_ No If no, please explain: \_\_\_\_\_

College/University Name and Address:

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes or \_\_\_\_\_ No If yes, what degrees and if no, please explain:

\_\_\_\_\_

Do you have any additional training? (skill, vocational, technical): \_\_\_\_\_

\_\_\_\_\_

Military or Volunteer Service: \_\_\_\_\_ Yes or \_\_\_\_\_ No

Branch: \_\_\_\_\_ Specialized Training: \_\_\_\_\_

***By signing, the applicant affirms that to the best of their knowledge all the information in this application is both accurate and complete; deceitful or purposeful withholding of pertinent information can be used as grounds for dismissal.***

**Applicant's Signature:**

Date: \_\_\_/\_\_\_/20\_\_\_ X \_\_\_\_\_