



License or Registration	Number	Issued by	Expiration Date
Driver's License #			
Commercial Driver's License A B C			
CDL Endorsements			
Professional License			
Trade License			

**EDUCATION**

**Name of School/Address**

High School	Diploma Received <input type="checkbox"/> Yes <input type="checkbox"/> No	GED Certificate Received <input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Trade School	Diploma Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Course Taken
College	Diploma Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Major
College	Diploma Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Major

**Skills Inventory - Check skills which you have acquired.**

Clerical/Technical		Mechanical	
<input type="checkbox"/> Typing	<input type="checkbox"/> Payroll	<input type="checkbox"/> Truck Driver	<input type="checkbox"/> Electrical
<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Backhoe/Loader	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Filing	<input type="checkbox"/> Emergency Medical Tech	<input type="checkbox"/> Front End Loader	<input type="checkbox"/> Vehicle Maintenance
<input type="checkbox"/> General Accounting	<input type="checkbox"/> Photography	<input type="checkbox"/> Snowplow	<input type="checkbox"/> Concrete Work
<input type="checkbox"/> Other		<input type="checkbox"/> Welding	<input type="checkbox"/> Farm Tractor
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

**RMU may require testing of your abilities for skills that are related to the position for which you are applying.**

**SPECIAL COURSES AND/OR TRAINING:**




## EMPLOYMENT HISTORY

Since we will make every effort to contact employers, the correct telephone number and/or email address of current and/or past employers are critical.

Employed by:		Your Job Title:
Address:		CDL required: <input type="checkbox"/> YES <input type="checkbox"/> No
Supervisor:	Phone:	Your Duties:
Supervisor's Title:		
Employes from (Mo/Yr)	To (Mo/Yr)	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> No
Salary upon leaving: \$		Avg. hours worked per week:
Reason for Leaving:		

Employed by:		Your Job Title:
Address:		CDL required: <input type="checkbox"/> YES <input type="checkbox"/> No
Supervisor:	Phone:	Your Duties:
Supervisor's Title:		
Employes from (Mo/Yr)	To (Mo/Yr)	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> No
Salary upon leaving: \$		Avg. hours worked per week:
Reason for Leaving:		

Employed by:		Your Job Title:
Address:		CDL required: <input type="checkbox"/> YES <input type="checkbox"/> No
Supervisor:	Phone:	Your Duties:
Supervisor's Title:		
Employes from (Mo/Yr)	To (Mo/Yr)	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> No
Salary upon leaving: \$		Avg. hours worked per week:
Reason for Leaving:		

Employed by:		Your Job Title:
Address:		CDL required: <input type="checkbox"/> YES <input type="checkbox"/> No
Supervisor:	Phone:	Your Duties:
Supervisor's Title:		
Employes from (Mo/Yr)	To (Mo/Yr)	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> No
Salary upon leaving: \$		Avg. hours worked per week:
Reason for Leaving:		

**SECURITY**

List states and counties of residence for the past seven years. (Include dates) \_\_\_\_\_

In the last seven years, have you been found guilty of ANY law violations other than parking tickets or juvenile offenses? (Records do not cause automatic disqualification but are reviewed as related to the job applied for. Be honest.) If you have any convictions, list them here. If you do not remember your record, contact the appropriate law enforcement agency for this information.    Yes    No

Date: \_\_\_\_\_ Offense: \_\_\_\_\_

Date: \_\_\_\_\_ Offense: \_\_\_\_\_

Date: \_\_\_\_\_ Offense: \_\_\_\_\_

**AUTHORIZATION**

Please read the statements below *carefully*. Your signature indicates that you fully understand and agree to the provisions of each statement.

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, regardless of when discovered by Rolla Municipal Utilities (RMU). Any information obtained through former employers and/or personal references will become property of RMU and will be considered confidential. I understand all application materials and supplemental information submitted will not be returned to me or any requesting agency. I waive any claims for the right to review and/or copy any information obtained through investigation of my character and employment history. I release RMU from any liability or damage caused by giving and receiving information or opinions as to my employment or character.

***I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or RMU. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon RMU unless made in writing.***

If I am offered employment, I agree to submit to a drug test and medical examination (if required) before beginning employment. If employed, I also agree to submit to a drug test or medical examination (if required) at any time deemed appropriate by RMU and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to RMU the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by the law, is contingent upon satisfactory medical examinations and drug test. I also understand that the use of illegal drugs is prohibited during employment.

If hired, I agree to abide by all RMU's work rules, policies and procedures. RMU retains the right to revise its policies or procedures, in whole or in part, at any time.

If I am hired by RMU, I understand I will be required to attest to my identity and employment eligibility, and to present documents confirming my identity and employment eligibility. I understand that I will not be hired if I am unable to comply with these requirements.

I understand that this application shall be valid for a period of six months. If I wish to be considered after six months, I recognize that I must complete a new application for employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Full Legal Name of Applicant

\_\_\_\_\_  
Applicant's Signature



### BACKGROUND INVESTIGATION RELEASE FORM

The undersigned hereby grants permission and authority to Rolla Municipal Utilities (RMU), and its authorized representatives, to make all inquiries about me, as RMU may deem necessary, in connection with my application for employment heretofore submitted to RMU. It is understood such inquiries may be directed to my previous employers, to private or governmental agencies (including investigative agencies), review of the sex offenders list, and to all others who may have knowledge or information about me. By my signature hereto, I hereby authorize any person or entity to which inquiry is made, to release to RMU any and all information concerning my person, including, but not limited to, assessments of my job performances, my driving record, any civil and/or criminal court records concerning me, my arrest record, and any other information about me which may be in the possession of any person or entity to which inquiry may be directed. By my signature hereto, I hereby consent and agree to the above-described inquiries and investigation of me by RMU, and I further waive all claims I might otherwise have against those individuals who conduct the investigation, or against those who cooperate and provide information to RMU. I further waive any right I may have to review any information about me submitted to RMU pursuant to the above-described inquiries and investigation. I understand that all of the information that might be released to RMU may be considered by RMU in making a decision about whether to employ me or other decisions about my employment with RMU.

In accordance with the Fair Credit Reporting Act (FCRA), RMU may contact consumer credit agencies to access information concerning your credit history. I understand I may access the FCRA web page at [www.ftc.gov](http://www.ftc.gov) for my rights concerning this information.

The undersigned hereby certifies that he/she has read and understands the foregoing and hereby accepts and agrees to the terms and conditions hereof.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Full Legal Name of Applicant

\_\_\_\_\_  
Printed Maiden Name or Alias of Applicant

\_\_\_\_\_  
Applicant's Signature