Address: 209 E Washington St, Lancaster, MO 63548 Phone: 660/457-3022 Email: cityhall@marktwain.net Website: lancastermo.com

## **City of Lancaster**

## **Employment Application**

Applicant Information							
Full Name:				Date:			
	Last	First			M.I.		
Address:	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:		E	Email				
Date Availab	ble:	:			Desired S	Salary: <b>\$</b>	
Position Applied for: City Clerk							
YES NO YES Are you a citizen of the United States?     YES NO   YES   If no, are you authorized to work in the U.S.?				YES	NO		
YES NO Have you ever worked for this company?     If yes, when?							
YES NO Have you ever been convicted of a felony?							
If yes, explai	in:						
		Educ	ation				
High School	:	Address:					
From:	To:	Did you graduate?	YES	NO	Diploma:		
College:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
Other:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
References							
Please list t	hree professional referenc	es.					
						nip:	
Company:					Pho	ne:	
Address:							

Componi				Relationship:				
Full Name:				Relationship:Phone:				
	Previous Employmer	nt for the	last 10 ye	ars				
Address:			Phone:Supervisor:					
Job Title:		Responsibilities						
From:	To:	Reason fo	or Leaving:_					
May we contact your	previous supervisor for a reference?	YES	NO					
Addross:				Phone:				
Job Title:	Responsib	[						
From:	To:	Reason fo	or Leaving:_					
May we contact your	previous supervisor for a reference?	YES	NO					
A alaba a a a .				Phone:Supervisor:				
Job Title:	Responsibil	ities:						
From:	To:	Reason for Leaving:						
May we contact your	previous supervisor for a reference?	YES	NO					

Military Service						
Branch:	Fr	rom:	To:			
Rank at Discharge:	Type of Discha	/pe of Discharge:				
If other than honorable, explain:						
Disclaimer and	d Signature					
I certify that my answers are true and complete to the best of my knowledge.						
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.						
Signature:		Date:				
Additional/special skills you feel would be important for the Council to know:						