## County of Taney, Missouri **Employment Application**

Human Resources 132 David Street PO Box 703 Forsyth, MO 65653 Ph: 417-546-7237 Fax: 417-546-8900





Taney County is an Equal Employment Opportunity Employer and a Drug Free Facility which requires Drug and Alcohol Testing



In the space below list your completer record of employment of the past TLN years and any other relevant work/oluncer expansion. Is any periods of one employment of one month or more strainer policy and list ach periods	EMPLOYMENTEXPERIENCE			
Start Date   End Date     May we contact employer? Yes   No   Starting Salary   Final Salary     Address   Reason for leaving     Your Job Title   Supervisor's Name and Title     Description of Duties   Employer     Employer   Dates of Employment Start Date     May we contact employer? Yes   No     Start Date   End Date     May we contact employer? Yes   No     Start Date   Supervisor's Name and Title     Description of Duties   Supervisor's Name and Title     Phone Number   Reason for leaving     Your Job Title   Supervisor's Name and Title     Description of Duties   Employment     Employer   Start Date   End Date     May we contact employer? Yes   No   Starting Salary   Final Salary     May we contact employer? Yes   No   Starting Salary   Final Salary     Address   End Date   End Date   May we contact employer? Yes   No     Your Job Title   Supervisor's Name and Title   Description of Duties   Employment     Start Date   End Date   End Date   May we contact employer? Yes <t< th=""><th>with your present or most recent position and list each position in t month or more. If the vacancy announcement includes an experien</th><th>he order that you held them. List an</th><th>y periods of unemployment of one</th></t<>	with your present or most recent position and list each position in t month or more. If the vacancy announcement includes an experien	he order that you held them. List an	y periods of unemployment of one	
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	Description of Duties			

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<b>EDUCATION AN</b>	<b>D TRAIN</b>	ING			
Please complete	e all appro	opriate items. To receiv	ve credit for colleg	e education, yo	ou must submit a copy
of your transcrip		•	0		
Type of School		nd location of school	Degree and/or C	radit Hours	Majors/Minors
Type of School	i Nairie a		Degree and/or C	reuit nours	
High School					
		Did you graduate or o	obtain equivalency	diploma (GED	)? Yes 🔿 No 🔿
Vocational School					
College or Unive	ersity				
	,				
Graduate Schoo	)				
Other Training (	Explain)				
	. ,				

PROFESSIONAL INFORMATION (if applicable)		
Please list any professional, paraprofessional, or tech (include peace officer certification, motor vehicle op position for which you have applied.)	, , ,	
License or Certification Held:	Licensing State and/or Agency:	

LAW ENFORCEMENT APPLICAN	TS ONLY	
Are you a United States citizen?	Yes 🔿 No 🔿	
Please attach the following information, which is a requirement for Missouri POST Certification:		
Proof of U.S. Citizensh	ір	
Missouri Peace Officer Certification		
A copy of your High School Diploma, GED or college diploma or transcript		
List below any information conc	erning military duty, if any:	
Branch of Service:	Type of Discharge:	Dates of Service:

## ROAD AND BRIDGE APPLICANTS ONLY

Yes No 🔿

Do you have a CDL License? Please attach the following information: A copy of your CDL License

## ADDITIONAL QUALIFICATIONS

Please list any other knowledge, special technical or computer skills, and/or individual capabilities not previously listed that would especially prepare you for the position for which you have applied?

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ee persons who are no	ot related to you and not previou	sly listed as a current or former
tact for a personal ref	ference.	
Phone	Email Address	Years Known
	tact for a personal rel	ee persons who are not related to you and not previou tact for a personal reference. Phone Email Address

## CERTIFICATION OF APPLICANT AND AUTHORIZATION FOR RELEASE OF INFORMATION

Please read the statements below <i>carefully</i> . Your signate	cure indicates that you fully understand and agree to the
provisions of each statement.	
Name:	Social Security Number: Last 4 digits ONLY

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or inaccurate information could result in disqualification of this application and/or termination of employment if I have been employed.

I understand and agree that employment with Taney County is voluntarily entered into, and employees are free to resign at will at any time, for any reason, with or withot cause or notice. I further understand and agree that the County or any elected official thereof, may terminate the employment relationship at will at any time for any reason, with or without cause or notice. This is not a contract for employment.

It is further understood and agreed that should my employment with Taney County be terminated for any reason, my final pay will not be received until I have submitted all necessary paperwork and returned any and all property assigned to me during the course of my employment, including but not limited to all keys, uniforms, equipment, and County-issued identification.

In consideration of my employment, I agree to conform to the policies, procedures, and regulations of Taney County.

I, the undersigned, do hereby authorize Taney County to conduct an investigation in respect to my application and release the County, my former employers, and personal references from any liability for damage caused by giving and receiving information or opinions as to my employment or character. Any information obtained through former employers and/or personal references will become the property of Taney County.

I, the undersigned, do hereby authorize the release of any information which pertains to records of convictions for law violations, including felony, misdemeanor and traffic violations, and agree to hold Taney County harmless and in no event shall Taney County be liable to me for special, indirect or consequential damages for the refusal of employment due to information obtained during my police record check.

I further understand that any offer of employment is conditioned upon the results of reference checks, drug testing, and if a requirement of the position, police record checks, background checks, and post-offer physical exams.

Applicant Signature:

Date: \_\_\_\_

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