



CITY OF
Oak Grove

2110 S. Broadway • Oak Grove, Missouri 64075 • 816-690-3773 • Fax 816-690-8478

cityfoakgrove.com

EMPLOYMENT APPLICATION

The **City of Oak Grove** is an Equal Opportunity Employer: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, disability, or sexual orientation except where a reasonable, bona fide occupational qualification exists.

PLEASE PRINT OR TYPE PLAINLY:

Date: _____

Position applied for: _____

Name: _____
Last First Middle

Present Address: _____
Number and Street City State ZIP Code

Phone Number _____ Alternate Phone Number _____
Area Code and Number Area Code and Number

Are you legally eligible for employment in the United States? _____ Yes _____ No

Will you work: _____ Full-Time _____ Part-Time _____ Seasonal or Temporary

Will you work overtime, if asked? _____ Yes _____ No

If your application is favorably considered, date you will be available for work: _____

Pay expected: _____

Have you been convicted of a felony or misdemeanor within the last 7 years:
(Conviction will not necessarily disqualify applicant from employment.)
_____ Yes _____ No

If you answered "Yes", please explain: _____

A valid driver's license may be required for this position. Please complete:

State of License License Number Expiration Date

Is your driver's license a Commercial Driver's License (CDL)? _____Yes _____No
If so, what Class?_____

Do you have any relatives working for the City? If so, please list their names and relationship to you:_____

Veteran of the U.S. Military Service? _____Yes _____No (Police Only)

Police Officer Applicants Only: Are you 21 years of age or older? _____Yes _____No

EDUCATION

Give your complete educational history below. The "Remarks" section may be used to explain or supplement your education record; for example, special courses, skills, experience, etc.

Elementary High School College/University Graduate

School Name:_____

Years completed
(Please circle): 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Diploma/Degree: _____
Describe Course
of Study: _____

Honors received: _____

Remarks: _____

PLEASE LIST THREE (3) REFERENCES (NAME, ADDRESS, AND PHONE NUMBER).

1. _____

2. _____

3. _____

EMPLOYMENT HISTORY

List employment for at least the past 7 years. Begin with your present position (or, if unemployed, your most recent employment), and work back.

From ____/____/____ to ____/____/____ month year month year	_____ Job Title	Salary: _____ _____ per hour, month, or year
Employer: _____		
Address: _____		
Employer phone: _____ Reason for leaving: _____		
Job duties: _____		

From ____/____/____ to ____/____/____ month year month year	_____ Job Title	Salary: _____ _____ per hour, month, or year
Employer: _____		
Address: _____		
Employer phone: _____ Reason for leaving: _____		
Job duties: _____		

From ____/____/____ to ____/____/____ month year month year	_____ Job Title	Salary: _____ _____ per hour, month, or year
Employer: _____		
Address: _____		
Employer phone: _____ Reason for leaving: _____		
Job duties: _____		

From ____/____/____ to ____/____/____ month year month year	_____ Job Title	Salary: _____ _____ per hour, month, or year
Employer: _____		
Address: _____		
Employer phone: _____ Reason for leaving: _____		
Job duties: _____		

From ____/____/____ to ____/____/____ month year month year	_____ Job Title	Salary: _____ _____ per hour, month, or year
Employer: _____		
Address: _____		
Employer phone: _____ Reason for leaving: _____		
Job duties: _____		

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience:

May we contact your present employer as to your qualifications and character?

Yes No

City of Oak Grove Policies

Non-Discrimination Policy

It is the policy of the City of Oak Grove that no person shall be discriminated against on the basis of race, color, religion, gender, age, national origin, mental or physical disability, or marital status. This policy affects all aspects of employment with the City; and all individuals who receive federally funded services from the City. For discrimination based on disability, this policy also affects all applicants, participants or beneficiaries in any service, program or activity of the City. The City of Oak Grove is an Equal Opportunity Employer and encourages diversity in the workplace.

Privacy Statement

The City of Oak Grove does not sell, loan or provide any personal information submitted on employment applications to businesses or individuals for the purpose of commercial use.

Conditions of Employment

Offers of employment with the City of Oak Grove are contingent upon applicants passing a pre-employment drug-screen and / or physical examination that may also include a psychological profile assessment.

In accordance with Federal law, proof of identity and authorization to legally work in the United States is required at the time of employment. If hired, you must complete the I-9 form as required by the U.S. Immigration and Naturalization Service no later than three (3) business days after your date of hire.

Drug Free Work Environment

It is the policy of the City of Oak Grove to maintain a work environment free of substance abuse. This policy applies to all current and prospective employees. In order to preserve employee fitness-for-duty and the safety of employees and the public, drug testing is a requirement for prospective employees and may be required of current employees in situations as prescribed by policy.

All employment offers are contingent upon the applicant successfully passing drug screening when required. Applicants who fail a drug testing will not be eligible for employment at the City for one year from the date of screening.

Immigration Reform and Control Act

All City of Oak Grove offers or employment are contingent on the applicant meeting the requirements of the Immigration Reform and Control Act, which requires new employees on the date of hire to show proof of identity and eligibility to work in the United States.

Background and Reference Checks

All candidate(s) will be asked to submit at least three reference contacts. The City of Oak Grove may conduct background investigations and/or reference checks on candidate(s).

Applicant Acknowledgement Statements

To the best of my knowledge, the information herein is true and complete and I further attest to the following:

- I have not knowingly withheld any information requested on the application for or which may have been a bearing on the City of Oak Grove’s employment decision about me.
- I understand that the City of Oak Grove may conduct a background investigation and/or check my employment references.
- I have not been rejected by the City of Oak Grove for a positive drug screen for one year prior to the date of this signed statement.
- I understand any offer of employment is contingent on my passing a pre-employment physical and or drug test, if applicable.
- If I do not pass a pre-employment physical and/or drug screen, any offer of employment will be rescinded.
- If hired and if applicable, I agree to submit to a random drug testing.
- If hired, I understand that I must provide proof of identity and authorization to work in the United States within three days of hire, as required by the Immigration Reform and Control Act. Failure to provide proper documentation will result in termination.
- If applicable, I will provide proof of a valid driver’s license and acceptable driving record upon hire.
- If hired and if applicable to my position, I will ensure my Commercial Driver’s License and/or Driver’s License will be kept current throughout my employment in which such licenses are required.
- If hired and if applicable, I will ensure licenses and/or certifications that are required for my position are kept current or valid throughout my employment in which such licenses or certifications are required.
- I understand that nothing conveyed during the recruitment and interview process is intended to create an implied or explicit employment contract.
- I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for termination at any time.

Date: _____ Signature of Applicant: _____

How did you find out about this position?

Newspaper: Kansas City Star _____ Other Paper _____ Radio _____

Current Employee _____ Other _____ (Please specify)

Cable TV _____ **Website** _____

Job Information Line _____

Other: _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes accuracy, fairness, and privacy of information in the files of the "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you, such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of FCRA, 15 USC 1681-1681u, at the Federal Trade Commission's website (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you, such as denying an application for credit, insurance, or employment, must tell you and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that 1) you are unemployed and plan to seek employment within 60 days, 2) you are on welfare, or 3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute information with the CRA. If you can tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source must also advise national CRAs, to which it has provided data, of any error). The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If any item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate information or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If you dispute your results in any change to your report, the CRA cannot reinsert into you file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone, such as a creditor who reports to the CRA, that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA, usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user of (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different agencies authority to enforce the FCRA:

For questions regarding:

CRAs, creditors and others not listed below

National banks, federal Branches of foreign banks (word "National" or initials "N.A." appear in or after bank's name

Federal Reserve System Members banks (except national banks, and federal branches/agencies of foreign banks

Savings associations and federally chartered savings banks (word "Federal" or initials "FSB" appear in name)

Federal credit unions (words "Federal Credit Union" appear in the name)

State-chartered banks that are not members of the Federal Reserve System

Air, surface, or rail common Carriers regulated by former Civil Aeronautics Board or Interstate Commerce Comm.

Activities subject to the Packers and Stockyards Act, 1921

Please contact:

Federal Trade Commission
Consumer Response Center-FCRA
Washington DC 20580
202.326.3761

Office of the Controller of the Currency/Compliance Management
Mail Stop 6-6
Washington DC 20551
202.452.3693

Federal Reserve Board
Consumer & Community Affairs
Washington DC 20551
202.452.3693

Office of Thrift Supervision
Consumer Programs
Washington DC 20552
202.842.6929

National Credit Union Admin.
1775 Duke Street
Alexandria VA 22314
703.581.6360

Federal Deposit Insurance Corp.
Division of Compliance & Consumer Affairs
Washington DC 20429
800.934.3352

Department of Transportation
Office of Financial Management
Washington DC 20590
202.366.1306

Department of Agriculture
Office of the Deputy Administration
GIPSA
Washington DC 20250
202.720.7051

Remedying the Effects of Identity Theft

You are receiving this information because you have notified a consumer reporting agency that you believe that you are a victim of identity theft. Identity theft occurs when someone uses your name, Social Security number, date of birth, or other identifying information, without authority, to commit fraud. For example, someone may have committed identity theft by using your personal information to open a credit card account or get a loan in your name. For more information, visit www.consumer.gov/idtheft or write to: FTC, Consumer Response Center, Room 130-B, 600 Pennsylvania Avenue, N.W. Washington, D.C., 20580.

The Fair Credit Reporting Act (FCRA) gives you specific right when you are, or believe that you are, the victim of identity theft. Here is a brief summary of the right designed to help you recover from identity theft.

1. You have the right to ask that nationwide consumer reporting agencies place “fraud alerts” in your file to let potential creditors and others know that you may be a victim of identity theft. A fraud alert can make it more difficult for someone to get credit in your name because it tells creditors to follow certain procedures to protect you. It also may delay your ability to obtain credit. You may place a fraud alert in your file by calling just one of the three nationwide consumer reporting agencies. As soon as that agency processes your fraud alert, it will notify the other two, which then also must place fraud alerts in your file.

- Equifax: 1.800.525.6285; www.equifax.com
- Experian: 1.888.EXPERIAN (397.3742); www.experian.com
- TransUnion: 1.800.680.7289; www.transunion.com

An **initial fraud alert** stays in your file for at least 90 days. An **extended alert** stays in your file for seven years. To place either of these alerts, a consumer reporting agency will require you to provide appropriate proof of your identity, which may include your Social Security number. If you ask for an extended alert, you will have to provide an *identity theft report*. An *identity theft report* includes a copy of a report you have filed with a federal, state, or local law enforcement agency, and additional information a consumer reporting agency may require you to submit. For more detailed information about the *identity theft report*, visit www.consumer.gov/idtheft.

2. You have the right to free copies of the information in your file (your “file disclosure”). An **initial fraud alert** entitles you to a copy of all the information in your file at each of the three nationwide agencies, and an **extended alert** entitles you to two free file disclosures in a 12-month period following the placing of the alert. These additional disclosures may help you detect sign of fraud, for example, whether fraudulent accounts have been opened in your name or whether someone has reported a change in your address. Once a year, you also have the right to a free copy of the information in your file at any consumer reporting agency, if you believe it has inaccurate information due to fraud, such as identity theft. You also have the ability to obtain additional free file disclosures under other provisions of the FCRA. See www.ftc.gov/credit.

3. You have the right to obtain documents relating to fraudulent transactions made or accounts opened using your personal information. A creditor or other business must give you copies of applications and other business records relating to transactions and accounts that resulted from the theft of your identity, if you ask for them in writing. A business may ask you for proof of your identity, a police report, and an affidavit before giving you the documents. It also may specify an address for you to send your request. Under certain circumstances, a business can refuse to provide you with these documents. See www.consumer.gov/idtheft.

4. You have the right to obtain information from a debt collector. If you ask, a debt collector must provide you with certain information about the debt you believe was incurred in your name by an identity thief – like the name of the creditor and the amount of the debt.

5. If you believe information in your file results from identity theft, you have the right to ask that a consumer reporting agency block that information from your file. An identity thief may run up bills in your name and not pay them. Information about the unpaid bills may appear on your consumer report. Should you decide to ask a consumer reporting agency to block the reporting of this information, you must identify the information to block, and provide the consumer reporting agency with proof of your identity and a copy of your *identity theft report*. The consumer reporting agency can refuse or cancel your request for a block if, for example, you don't provide the necessary documentation, or where the block results from an error or a material misrepresentation of fact made by you. If the agency declines or rescinds the block, it must notify you. Once a debt resulting from identity theft has been blocked, a person or business with notice of the block may not sell, transfer, or place the debt for collection.

6. You also may prevent businesses from reporting information about you to consumer reporting agencies if you believe the information is a result of identity theft. To do so, you must send your request to the address specified by the business that reports the information to the consumer reporting agency. The business will expect you to identify what information you do not want reported and to provide an identity theft report.

To learn more about identity theft and how to deal with its consequences, visit www.consumer.gov/idtheft, or write to the FTC. You may have additional rights under state law. For more information, contact your local consumer protection agency or your state attorney general.

In addition to the new rights and procedures to help consumers deal with the effects of identity theft, the FCRA has many other important consumer protections. They are described in more detail at www.ftc.gov/credit.

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES

This organization is an Equal Opportunity Employer. The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with federal government guidelines, which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but you are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this employer is required to note race and sex on the basis of visual observation or surname.

This Voluntary Information Sheet will be kept in a confidential file separate from the Application for Employment.

Position applied for: _____ Date: _____

I wish to furnish this information: _____
(Please print your name)

I do not wish to furnish this information: _____
(Please print your name)

Please check: _____ Male _____ Female

ETHNIC CATEGORY (CHECK ONE):

_____ **WHITE** (Not of Hispanic Origin) -- All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **BLACK** (Not of Hispanic Origin) -- All persons having origins in any of the Black racial groups of Africa.

_____ **ASIAN OR PACIFIC ISLANDER** -- All persons having origins in any of the original peoples of the Far East, Southeast Asia and Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

_____ **AMERICAN INDIAN OR ALASKAN NATIVE** -- All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

_____ **HISPANIC** -- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

PLEASE CHECK IF THE FOLLOWING CATEGORIES ARE ALSO APPLICABLE:

_____ **DISABLED INDIVIDUAL** -- Any person who: (1) has a physical or mental impairment that substantially limits one or more of his or her major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. A disability in securing, retaining, or advancing in employment.

_____ **VETERAN ELIGIBILITY** -- Served in armed forces between August 5, 1964 and May 7, 1975; or a veteran with a disability, service connected or otherwise.