

**MARSHALL MUNICIPAL UTILITIES**  
**Marshall, Missouri**  
*A Equal Opportunity Employer*  
**EMPLOYMENT APPLICATION**

It is the policy of Marshall Municipal Utilities to consider qualified persons in all job classifications without regard to race, color, religion, sex, age, national origin, or disability. A post offer pre-employment physical including drug test is required.

**(PLEASE PRINT)**

Position Applied For		Pay Expected	Date of Application		
Last Name		First Name	Middle Name		
Address	Number	Street	City	State	Zip Code
Telephone Number (s)			Social Security Number		

Are you under 18 years of age?  Yes  No

Have you been employed by us before?  Yes  No

If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you a United States citizen or otherwise lawfully authorized to work in the United States?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain \_\_\_\_\_

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Have you any relatives or friends working for the MMU?  Yes  No

Name and relation \_\_\_\_\_

# Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

List professional, trade, business or civic activities and offices held. (Exclude those which may disclose your race, color, religion or national origin)

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# References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?  Yes  No

If Yes, please describe \_\_\_\_\_

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# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

1	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for leaving

2	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for leaving

3	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for leaving

4	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for leaving

If you need additional space, please continue on a separate sheet of paper.

We may contact the employers listed unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
	Employer Numbers _____ Reason _____

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# **Applicant's Statement**

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such charge is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

Date

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**Applicants Do Not Write in This Space**

Arrange Interview

Yes

No

**NOTES:** \_\_\_\_\_

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