

Employment Application- Deputy City Clerk Position

Instructions:

Interested persons should complete the below application along with cover letter and resume and submit to leetonmayor@gmail.com or mail to City of Leeton, P.O. Box 87, Leeton, MO 64761. Questions about the position should be directed to City Hall 660-653-4622 or Mayor Taylor Elwell at leetonmayor@gmail.com.

Applicant Information								
Full Name:						Date:		
	Last	First			М.І.			
Address:								
Address.	Street Address					Apartment/Unit	#	
					0/-/-	710.0 - 4		
	City				State	ZIP Code		
Phone:			Email					
		YES NO				YES	NO	
Are you a c	tizen of the United States		lf no, a	are you	authorized to	work in the U.S.?		
		YES NO						
Have you e	ever been convicted of a fe	lony?						
If yes, expla	ain:							
	_		ication					
		Edu	Ication					
High Schoo	bl:	Addres	s:					
_	_		YES	NO	D : 1			
From:	To:	Did you graduate	9?		Diploma:			
College:		Addres	s:					
From:	То:	Did you graduate	YES	NO E	Degree:			
Other		A . I . I						
Other:		Addres	S:					
From:	То:	Did you graduate	YES	NO	Degree:			
	10				Dogroo.			
		S	kills					
Do you hav	e experience with:							
Email -			We	bsite de	esign			
Microsoft Office Suite:			Qui	ickBook	S			
Word				Other Accounting software				
	cel		Oth	ner softv	vare:			
Pu	blisher							

References

Please list t	hree professional references.							
Full Name:		Relationship:						
Company:		Phone:						
Address:								
Full Name:		Relationship:						
Company:		Phone:						
Address:								
Full Name:		Relationship:						
Company:		Phone:						
Address:								
	Previous Employment							
Company:		Phone:						
Address:		Supervisor:						
Job Title:	Starting Salary:\$	Ending Salary: \$						
Responsibili	ties:							
From:	To: Reason for Leaving:							
May we con	YES NO tact your previous supervisor for a reference?							
Company:		Phone:						
Address:		Supervisor:						
Job Title:	Starting Salary: <u>\$</u>	Ending Salary: <u>\$</u>						
Responsibili	ties:							
From:	To: Reason for Leaving:							
May we con	YES NO tact your previous supervisor for a reference?							
Company:		Phone:						
Address:		Supervisor:						

Responsibilities:								
From: To:	Reason fo	Reason for Leaving:						
May we contact your previous supervisor for a reference?	YES	NO E						
Military Service								
Branch:		From:	То:					
Rank at Discharge:	Type of Discharge:							
If other than honorable, explain:								
Disclaimer and Signature								
I certify that my answers are true and complete to the best of my knowledge.								
If this application leads to employment, I understand tha interview may result in my release.	t false or mis	sleading informati	ion in my application or					

Signature:

Date:_____