



## Employment Application

### HUMAN RESOURCES

1 Courthouse Square Liberty, Missouri 64068

Phone: 816-407-3660 Fax: 816-407-3661

Email: [employment@claycountymo.gov](mailto:employment@claycountymo.gov)

### NOTICE TO APPLICANTS:

Clay County welcomes your employment application. Please complete the application completely. Information provided will assist with the evaluation of your qualifications. Clay County welcomes all qualified applicants without regard to their race, color, religion, gender, national origin, age, marital status, disability or other protected status. All offers of employment are contingent upon successful completion of required post offer examinations including, but not limited to, drug screen, full background check and credit check. Employment with Clay County is employment "at will". This application and/or other human resources related forms provided to you do not constitute an employment contract.

*Important Note: Section 313 of the Revised Statutes of the State of Missouri prohibits employees of county governments and certain relatives from working for river boat casinos located in the county of employment.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Salary Requirement: \_\_\_\_\_

Employment Status for which you are applying: Full time \_\_\_; Part time \_\_\_; Seasonal \_\_\_

Hours available to work each week: \_\_\_\_\_

Human Resources use only:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL INFORMATION

Name:	_____	_____	_____
	<i>Last</i>	<i>First</i>	<i>Middle</i>
Address:	_____		_____
	<i>Street</i>		<i>Apt. Number</i>
	_____	_____	_____
	<i>City</i>	<i>State</i>	<i>Zip</i>
Phone Number:	_____		_____
	<i>Home</i>	<i>Business</i>	<i>Cell/Other</i>

Email address: \_\_\_\_\_

Are you lawfully authorized to work in the United States and can you provide proof of work authorization?  Yes  No

Have you ever worked for Clay County before?  Yes  No

If yes, when and reason for leaving? \_\_\_\_\_

How did you hear about Clay County's employment opportunities?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend
<input type="checkbox"/> Internet/Web Page	<input type="checkbox"/> Clay County Job Line
<input type="checkbox"/> Employee	<input type="checkbox"/> Other

Are you related to a current County employee  Yes  No Name \_\_\_\_\_

**WORK HISTORY** – Include paid and volunteer experience for the past ten years.

<b>Most Recent Employer</b>		
Company/Organization	Telephone	
Address	Employed (Month/Year) From _____ To _____	
Name of supervisor _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary \$ _____ Hourly / Monthly / Yearly
Your job title:		
Primary duties: _____		
Reason for leaving:		

<b>Second Most Recent Employer</b>		
Company/Organization	Telephone	
Address	Employed (Month/Year) From _____ To _____	
Name of supervisor _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary \$ _____ Hourly / Monthly / Yearly
Your job title		
Primary duties: _____		
Reason for leaving		

<b>Third Most Recent Employer</b>		
Company/Organization	Telephone	
Address	Employed (Month/Year) From _____ To _____	
Name of supervisor _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary \$ _____ Hourly / Monthly / Yearly
Your job title		
Primary duties: _____		
Reason for leaving		

**WORK HISTORY (continued)**

<b>Fourth Most Recent Employer</b>		
Company/Organization	Telephone	
Address	Employed (Month/Year) From _____ To _____	
Name of supervisor _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary \$ _____ Hourly / Monthly / Yearly
Your job title		
Primary duties: _____ _____ _____		
Reason for leaving		

**REFERENCES**

Please provide names of three individuals who can provide *professional/business* related references regarding your experience, abilities and/or work record.

_____ <i>Name</i>	_____ <i>Relationship</i>	_____ <i>Phone</i>
_____ <i>Name</i>	_____ <i>Relationship</i>	_____ <i>Phone</i>
_____ <i>Name</i>	_____ <i>Relationship</i>	_____ <i>Phone</i>

## CRIMINAL CONVICTION

Have you been convicted of a felony or misdemeanor, including traffic related convictions that have not been annulled, expunged or sealed by a court? If yes, describe in full. Include disposition of the offense. Conviction records may not be an employment disqualification event.

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## EDUCATION

School Name and Location and Years Attended	Graduate (Yes/No)	Degree, Diploma, Certificate (Indicate Which)
High School or GED		
Vocational, Technical School		
College or University		
College or University		
Other (Skilled trade training, etc.)		
Please include academic honors, scholarships, fellowships, memberships in professional and honorary societies, etc. <hr/> <hr/>		

## TRAINING, LICENSES, CERTIFICATIONS, PROFESSIONAL DEVELOPMENT, VOLUNTEER EXPERIENCE

List any training, development, volunteer experiences, professional licenses, certificates and registrations pertinent to the position for which you are applying. Include computer training, etc.

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Commercial Drivers License (if required for position) Number: \_\_\_\_\_ State: \_\_\_\_\_

**I hereby certify that all answers and statements contained in this application are true and complete to the best of my knowledge. I understand that false or purposefully misleading information will be cause for my disqualification from or continued employment. Additionally, I understand that the information I have provided may be investigated.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE TO ALL DEPARTMENTS: ALL APPLICATIONS MUST BE RETURNED TO THE HUMAN RESOURCES DEPARTMENT  
Rev. 5/09

**WAIVER AND RELEASE OF ALL CLAIMS  
AND WAIVER OF RIGHT TO INSPECT BACKGROUND INVESTIGATION  
PLEASE READ CAREFULLY**

*I understand and agree that, as a condition of employment and, if employed as a condition of continued employment, I may be required to submit to drug and alcohol screening tests to determine compliance with the County's Drug and Alcohol Policy. Failure to comply with the testing program will be grounds for immediate discharge. I understand that I can review and receive a copy of the County's Drug and Alcohol Policy upon request.*

I, \_\_\_\_\_, am applying for the position of \_\_\_\_\_ with Clay County, Missouri. I understand that a thorough and complete background investigation, which may include a consumer/credit report in accordance with the Fair Credit Reporting Act, will be conducted to determine my fitness and appropriateness as a candidate for employment. Therefore, in consideration of the County's processing of my application for employment, I agree as follows:

1. I authorize Clay County to conduct a background investigation on me for the purpose of determining my fitness and appropriateness as a candidate for employment.
2. I understand that the background investigation is conducted by gathering and recording information about my past conduct and associations from any and all sources that Clay County, in its sole discretion, may deem appropriate, including but not limited to: military, criminal, driving or other government and public records; past and present employers, schools, friends, relatives, or acquaintances; and any other sources of information available.
3. I authorize any person or entity contacted by an authorized Clay County official or authorized agent for Clay County to completely and thoroughly answer any and all questions posed or to provide any and all requested document, information, record or file concerning me, regardless of any statutory or other privilege that I may have.
4. I hereby release from liability and agree to hold harmless Clay County and any of its officers, officials, employees, and agents from any and all possible causes of legal action, including negligence, that may accrue to me as a result of the conduct of the background investigation or release of information to the County or any of its officials or employees. I understand that, in the event I suffer any injury of any kind as a result of such cooperation with the conduct of the background investigation, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from such individual, institution, organization or agency, even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed to me.
5. I hereby release from liability and agree to hold harmless any person or entity which furnishes information or opinions to Clay County as a part of the background investigation from any and all possible causes of legal action, including negligence. I understand that, in the event I suffer any injury of any kind as a result of cooperation with the conduct of the background investigation, I am herein forfeiting any and all right to bring legal action against or seek redress in the courts from such person or entity, even if such injury or harm occurs as a direct result of their negligence or any other failure on their part to satisfy any duty owed to me.
6. I understand the need for confidentiality of sources and information in my background investigation, and I agree that I will never attempt to obtain access to any part of the background investigation designated confidential by Clay County.
7. A copy of this Waiver and Release shall be deemed as effective as the original.
8. For purposes of conducting the background investigation and gathering the information necessary to gauge my fitness for the position for which I have applied, this Waiver and Release will remain in effect throughout your period of employment. My waiver of the right to review and copy the background investigation is perpetual.
9. This Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and, if any portion hereof is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs and legal representative, and any and all successors and assigns, are bound by the terms of this Waiver and Release. This Waiver contains the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

**BE SURE YOU HAVE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**IMPORTANT INFORMATION  
CONCERNING YOUR APPLICATION**

Any information about yourself that you provide to Clay County during the application process will be used to identify you as an applicant, distinguish you from all other applicants, enable us to contact you when additional information is required, send you notices and/or schedule you for interviews, determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position applied for, and assess your qualification for employment with the County.

If you wish to be considered for employment, you are required to provide the information requested in the Employment Application. If you refuse to supply information requested, your application will not be considered. You are hereby advised that, under Missouri law, the following information must be made available to any member of the public who requests it:

- Education and training
- Rank on eligibility list
- Veteran status
- Job history
- Relevant test scores
- Work availability

Your name will not be made available to the public unless you are selected to be a finalist. Other information about yourself that you provide during the application process or during employment with the County is classified as private under state law, except as public here or as listed in Missouri Statutes. The information may not be provided to members of the public except to:

1. Persons authorized to have access to the information under state or federal law
2. Person authorized by court order to have access to the information
3. Persons to whom you consent in writing to have access to the information
4. All individuals in the County who need to know the information.

Materials submitted in support of an application are normally not returned. You should not submit an original document if it is your only copy.

Please feel free to keep this informational sheet.

## VOLUNTARY SELF IDENTIFICATION

Clay County provides equal employment opportunity to all qualified applicants and employees without regard to race, color, religion, national origin, sex, age, disability, veteran's status or other conditions, as legally required by state and federal laws and regulations. Information provided is confidential, will remain in the Human Resources Department and will not be used for any purpose other than for post employment offer requirements.

NAME: \_\_\_\_\_

Social Security #: \_\_\_\_\_

OTHER NAMES, UNDER WHICH YOU ATTENDED SCHOOL, HAVE BEEN EMPLOYED, ETC.  
\_\_\_\_\_

GENDER: MALE \_\_\_ FEMALE \_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_\_

Are you Hispanic or Latino? Yes \_\_\_ No \_\_\_

ETHNICITY:

BLACK or AFRICAN AMERICAN; \_\_\_

NATIVE HAWAIIAN OR PACIFIC ISLANDER \_\_\_

AMERICAN INDIAN OR ALASKAN NATIVE \_\_\_

WHITE \_\_\_

TWO OR MORE RACES (MULTI-CULTURAL) \_\_\_

VIETNAM ERA VETERAN OR OTHER US MILITARY VETERAN STATUS:

YES \_\_\_ NO \_\_\_

Thank you.

CONFIDENTIAL INFORMATION TO BE RETAINED ONLY IN THE HUMAN RESOURCES DEPARTMENT