

CITY OF NEW HAVEN

101 FRONT STREET
PO BOX 236
NEW HAVEN, MO 63068



PHONE 573-500-2530

WWW.NEWHAVENMO.ORG

FAX 573-237-4696

Application for Employment (Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last First Middle

Present Address _____

Permanent Address (if different than above) _____

Telephone _____

email address _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by this company?

3. How were you referred to us? _____

4. Have you ever been convicted of a felony? ____ Yes ____ No
If yes, please explain:

II. Educational History

School Name/Location / Years Completed / Degree/Diploma

Elem/Jr. High: _____

High School: _____

College: _____

Tech. Training: _____

Other: _____

III. Employment Record *(Please include all employment for the last five years.)*

1. _____
Company Name (Current or Most Recent Employer) Position Held

_____ Dates Employed: _____
Address From To

_____ Telephone Wage/Salary
Manager / Supervisor

Reason For Leaving

2. _____
Company Name Position Held

_____ Dates Employed: _____
Address From To

_____ Telephone Wage/Salary
Manager / Supervisor

Reason For Leaving

3. _____
Company Name Position Held

_____ Dates Employed: _____

Address

From

To

Manager / Supervisor

Telephone

Wage/Salary

Reason For Leaving

NOTE: Use a separate sheet to list additional employers, if necessary. We may contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name)

Reason

(Employer's Name)

Reason

IV. References *(Please do not include relatives or former employers.)*

1.

Name

Years Known

Address

Telephone

Occupation

2.

Name

Years Known

Address

Telephone

Occupation

3.

Name

Years Known

Address

Telephone

Occupation

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime? () Yes () No
3. Can you work overtime without prior notice? () Yes () No
4. Can you work on Saturday? () Yes () No
5. Can you work on Sunday? () Yes () No
6. Can you travel if required by this position? () Yes () No

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

VII. Agreement

The applicants for this position must be at least 15 years of age, must possess a valid Missouri Driver's license and/or current photo ID and must have a current lifeguard certification or be willing to be trained to get certified. Strong Swimming skill are required.

The successful candidates must pass a drug screen prior to hiring. This position is not eligible for health insurance benefits or paid leave (vacation, sick, etc.)

It is our policy to check references as part of our hiring process. This may include contacting your former employers, as well as other business associates. We will ask a series of questions about your work experience, character, education and personality.

After reading this policy, please indicate your agreement by signing in the space provided.

I have read and fully understand the foregoing and voluntarily consent to allow the Organization to check my references. Questions may be asked about my work experience, personality, personal habits and education.

Applicant Signature:

Date:

Received by: _____

Date: _____



The City of New Haven

SUMMER SEASONAL DATA FORM

Last Name

DRUG SCREENING CONSENT

The City of New Haven has adopted a Drug Screening Process for all new hires. All Applicants with the City of New Haven must sign below **AND**, if under the age of 18 years, have a Parent/Guardian sign this form for parental consent for the drug screening. Only the applicants offered the positions will be required to submit to a drug screening.

The position will be contingent upon receiving a negative result from the drug screening. This consent also allows the release of the test results to an authorized city representative for review.

Job Applicant Signature

Date

Parent/Guardian Signature

Date

APPLICANT INFORMATION

Last Name	First Name	Middle	Jr. Sr.
Maiden / Alias Last Name	First Name	Middle	Jr. Sr.
Address			
City	State	Zip	
Telephone (home)		Telephone (mobile)	
Gender ☐ Male ☐ Female		Race ☐ Black ☐ India ☐ Other ☐ White ☐ Asian	
Date of Birth		Social Security Number	

* RETURN TO CITY HALL OR EMAIL DEBORAH.WILLIAMS@NEWHAVENMO.ORG *

HUMAN RESOURCES DEPARTMENT

rev. 5/2025



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF LABOR STANDARDS

**CERTIFICATE TO EMPLOY A CHILD 14 OR 15 YEARS OF
AGE DURING NON-SCHOOL TERM**

P.O. Box 449
Jefferson City, MO 65102-0449
Phone: 573-751-3403
Fax: 573-751-3721
Email: laborstandards@labor.mo.gov
Website: labor.mo.gov/youth-employment

Section A: Employee Information (Student)

Youth Name		Parent/Guardian Name	
Home Address (Street, City, State, ZIP Code)		Home Address (Street, City, State, ZIP Code)	
Parent/Guardian Phone No.	Parent/Guardian Email	Youth Date of Birth	Youth Age
School Attended by Student		City, State, ZIP Code	
Youth Signature	Parent/Guardian Signature		Date

Section B: Employer Information (Intention to Employ)

Employer Name	Employer Email	Phone No.
CITY OF NEW HAVEN, MISSOURI	deborah.williams@newhavenmo.org	573-500-2524
Business Address (Street, City, State, ZIP Code)	County	Business Type
101 FRONT STREET, NEW HAVEN, MO, 63068	FRANKLIN	MUNICIPALITY
Type of Job Offered (Include specific duties. See Chapter 294.040 of the Missouri Revised Statutes (RSMo) for prohibited occupations.)		
Please check the boxes below to indicate that you understand and comply with these statutory requirements of Chapter 294, RSMo. ☒ No more than 3 hours on any school day. ☒ No more than 8 hours on any nonschool day. ☒ No more than 40 hours in a week. ☒ No more than 6 work days in a week. ☒ Hours must be between 7 a.m. and 9 p.m. during non-school term. ☒ Hours must be between 7 a.m. and 7 p.m. during school term.		
I certify that I understand and will abide by the statutory requirements of Chapter 294, RSMo.		
Employer or Authorized Agent Signature	Printed Name	Date
	DEBORAH WILLIAMS	

Section C: Issuing Officer

Name of School District (if applicable)	☐ Proof of Child's Age (List) _____ ☐ Certificate of Grades Reviewed	
Name of Issuing Officer	Title	Fax Number
Address (Street, City, State, ZIP Code)	Issuing Officer Email	Phone Number
I certify that I understand the requirements in existing law for issuing a work certificate and find these requirements met with regard to this statement. Authorizing Signature: _____ Date: _____		

DISTRIBUTION: **ORIGINAL** – EMPLOYER; **ONE COPY** – SCHOOL DISTRICT; **ONE COPY** – DIVISION OF LABOR STANDARDS

Instructions

Work certificates are required regardless of where a child attends school (public school, private school, charter school, home school). Work certificates must be issued by either (1) the public school superintendent of the school district in which the child resides, (2) the chief executive officer of the charter school that the child attends, (3) the public or private school principal of the school that the child attends, (4) the designee of any of these school officials, or (5) if the child is home-schooled, a parent of the child. The public school superintendent of the school district in which the child resides may revoke a work certificate issued by a public or private school principal, if that is deemed to be in the best interest of the child.

Instructions for completing the certificate are as follows:

Step 1: Complete Section A of the form, including the signature of the child's parent or guardian.

Step 2: Take the form to the employer for completion of Section B.

Note: Federal child labor law, while similar to the Missouri child labor laws, contains differing restrictions. Employers should contact the U.S. Department of Labor regarding compliance with federal child labor law.

Website: <https://www.dol.gov>

Step 3: After Sections A and B are completed, take the form to one of the individuals identified above as having authority to issue a work certificate for completion of Section C. The following information will also be required at that time:

- Proof of the child's age (birth certificate or other evidence).

Additionally, the following information may be required by the issuing officer:

- Attendance of a parent or guardian with the child at the time the child applies for a certificate. Check with the issuing officer for his or her policy.
- A certificate from the principal of the school that the child attends setting out the child's grades. (This requirement may be waived for home-schooled children.)
- A certificate from a physician that has personally examined the child stating that the child is in good mental and physical health and is capable of performing labor without injury to his or her health and mental development. Check with the issuing officer for his or her policy.

Step 4: After all three sections of the form have been completed, the original must be provided to the child's employer. The issuing officer must retain a copy, and a copy must be mailed to:

laborstandards@labor.mo.gov

or

Department of Labor and Industrial Relations

Division of Labor Standards

P.O. Box 449

Jefferson City, MO 65102-0449

For more information on Missouri's child labor laws contact the Division of Labor Standards:

Phone: 573-751-3403

Email: laborstandards@labor.mo.gov

Website: labor.mo.gov/youth-employment

*Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.
TDD/TTY: 800-735-2966 Relay Missouri: 711*

Instrucciones

Se requieren certificados de trabajo independientemente del lugar donde el niño asista a la escuela (escuela pública, escuela privada, escuela semiautónoma, escuela en casa). Los certificados de trabajo deben ser emitidos por (1) el superintendente de la escuela pública del distrito escolar en el que reside el niño, (2) el director ejecutivo de la escuela semiautónoma a la que asiste el niño, (3) el director de la escuela pública o privada a la que asiste el niño, (4) la persona designada por cualquiera de estos funcionarios escolares o (5) si el niño estudia en casa, uno de los padres del niño. El superintendente de la escuela pública del distrito escolar en el que reside el niño puede revocar un certificado de trabajo emitido por el director de una escuela pública o privada, si se considera que eso es lo mejor para el niño.

Las instrucciones para completar el certificado son las siguientes:

Paso 1: Complete la sección A del formulario, incluida la firma del padre/madre o tutor del niño.

Paso 2: Lleve el formulario al empleador para que complete la Sección B.

Nota: La ley federal sobre trabajo infantil, si bien es similar a las leyes de trabajo infantil de Misuri, contiene diferentes restricciones. Los empleadores deben ponerse en contacto con el Departamento de Trabajo de EE.UU. en relación con el cumplimiento de la ley federal de trabajo infantil.

Sitio web: www.dol.gov

Paso 3: Una vez completadas las secciones A y B, lleve el formulario a una de las personas identificadas anteriormente como autorizadas para emitir un certificado de trabajo para que complete la Sección C. También se requerirá la siguiente información en ese momento:

- Prueba de la edad del niño (certificado de nacimiento u otra prueba).

Además, el oficial emisor puede solicitar la siguiente información:

- La presencia de un padre o tutor con el niño en el momento en que este solicite el certificado. Consulte con el oficial emisor su política.
- Un certificado del director de la escuela a la que asiste el niño en el que se indiquen las calificaciones del niño.
(Este requisito puede no aplicarse a los niños que estudian en casa).
- Un certificado de un médico que haya examinado personalmente al niño en el que conste que el niño se encuentra en buen estado de salud mental y física y que es capaz de realizar el trabajo sin dañar su salud ni su desarrollo mental. Consulte con el oficial emisor su política.

Paso 4: Después de completar las tres secciones del formulario, se debe entregar el original al empleador del niño. El oficial emisor debe conservar una copia y otra copia debe enviarse a:

laborstandards@labor.mo.gov

o

**Department of Labor and Industrial Relations
Division of Labor Standards
P.O. Box 449
Jefferson City, MO 65102-0449**

Para obtener más información sobre las leyes de trabajo infantil de Misuri,
comuníquese con la División de Normas Laborales:

Teléfono: 573-751-3403 Correo electrónico: laborstandards@labor.mo.gov Sitio web: labor.mo.gov/youth-employment

*El Departamento del Trabajo y Relaciones Industriales de Missouri es un empleador/programa de igualdad de oportunidades.
TDD/TTY: 800-735-2966 Relay Missouri: 711*