Water/Wastewater Department

The City of Dexter is seeking qualified applicants for employment for a full-time position for the Water/Wastewater Department. High School diploma required. The Missouri DNR water, wastewater and distribution licenses are preferred, but not required.

Applications must be submitted to the City Clerk's office, 301 E Stoddard St, Dexter MO 63841 by 10:00 a.m. on Friday, June 13, 2025. Applications can be obtained at City Hall, 301 E Stoddard St, Dexter MO 63841 or you can apply online at www.cityofdexter.org.

The City of Dexter reserves the right to notify only those individuals selected for testing as to the status of their application for employment. EOE/ADA/M/F/V

EMPLOYMENT APPLICATION

City of Dexter

301 E STODDARD ST-DEXTER MO 63841
PHONE 573.624.5959 FAX 573.624.4650

WATER/WASTEWATER DEPARTMENT

POSITION APPLYING FOR: DATE OF APPLICATION:

NAME: DATE OF BIRTH:

ADDRESS:

CITY, STATE, ZIP CODE:

PHONE NUMBER:

POSITION: _____PART-TIME _____FULL-TIME

HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A FELONY AS AN ADULT (A CONVICTION OR A PLEA WILL NOT NECESSARILY DISQUALIFY APPLICANT) IF YES, WHAT WAS THE NATURE OF CONVICTION/PLEA _____YES _____NO

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF DEXTER? IF YES, PLEASE LIST DATE OF PRIOR EMPLOYMENT AND JOB TITLE. _____YES _____NO

YOU MUST BE A CITIZEN OF THE UNITED STATES OR A PERMANENT RESIDENT ALIEN WHO IS ELIGIBLE FOR AND HAS APPLIED FOR CITIZENSHIP. CAN YOU PROVIDE SUCH IDENTIFICATION? _____YES _____NO

EDUCATION AND TRAINING:
NAME OF HIGH SCHOOL:
DID YOU GRADUATE OR RECEIVE A G.E.D.? _____YES _____NO

COLLEGE, TRADE OR TECHNICAL SCHOOL AND DEGREE

LIST ANY ADDITIONAL TRAINING OR SKILLS THAT WOULD BE HELPFUL IN THE POSITION FOR WHICH YOU ARE APPLYING.

EMPLOYMENT INFORMATION:

CURRENT/MOST RECENT EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ SUPERVISOR _____
DATE OF EMPLOYMENT _____
JOB TITLE _____
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES: _____

_____
REASON FOR LEAVING _____
MAY WE CONTACT THIS EMPLOYER? _____YES _____NO

_____
EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ SUPERVISOR _____
DATE OF EMPLOYMENT _____
JOB TITLE _____
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES: _____

_____
REASON FOR LEAVING _____

_____
EMPLOYER _____
ADDRESS _____
PHONE NUMBER _____ SUPERVISOR _____
DATE OF EMPLOYMENT _____
JOB TITLE _____
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES: _____

_____
REASON FOR LEAVING _____

_____

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND I AUTHORIZE INVESTIGATION AND VERIFICATION OF ANY OF THIS MATERIAL. I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF INFORMATION WILL CAUSE FORFEITURE OF MY ELIGIBILITY FOR EMPLOYMENT AND WILL RESULT IN MY REMOVAL FROM THE ELIGIBILITY LIST OR MY DISMISSAL FROM CITY EMPLOYMENT. I FURTHER AGREE TO BE TESTED AND TO FURNISH PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES. I UNDERSTAND THE CITY OF DEXTER RESERVES THE RIGHT TO NOTIFY ONLY THOSE INDIVIDUALS SELECTED FOR AN INTERVIEW AS TO THE STATUS OF THEIR APPLICATION FOR EMPLOYMENT. EOE/ADV/M/F/V

SIGNATURE IN FULL DATE COMPLETED

_____

CITY OF DEXTER IS AN EQUAL OPPORUTNITY EMPLOYER