

9641 Bellefontaine Road
St. Louis County, MO 63137
314 / 867-0076
Fax: 314 / 867-1790



APPLICATION FOR EMPLOYMENT

If you need assistance completing this application, contact the City Clerk

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, disability or any other legally protected status. Additional testing of job-related skills and for the presence of drugs in your body may be required for employment.

(Please Print)

Position Applied For:	Date of Application:	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s)			

Have you ever filed an application with us before? Yes No
If Yes, give date: _____

Have you ever been employed with us before? Yes No
If Yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

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

If the job requires, do you have the appropriate valid driver's license?

Yes No

Driver's License No. _____ Type _____ State of Issue _____

Have you ever had any moving violations? If yes, please describe: _____

Have you had any job related training in the United States Military?

Yes No

If yes, please describe _____

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				
Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities that may be job related.				
Describe any honors you have received.				
State an additional information you feel may be helpful to us in considering your application.				

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.

Employer	Dates Employed From To		Describe Work Performed
Address			
Telephone Number(s)	Hourly Rate / Salary Starting Final		
Job Title / Supervisor			
Reason for leaving			
Employer	Dates Employed From To		Describe Work Performed
Address			
Telephone Number(s)	Hourly Rate / Salary Starting Final		
Job Title / Supervisor			
Reason for leaving			
Employer	Dates Employed From To		Describe Work Performed
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Employer	Dates Employed From To		Describe Work Performed
Address			
Telephone Number(s)	Hourly Rate / Salary Starting Final		
Job Title / Supervisor			
Reason for leaving			

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

REFERENCES

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

Name

Address

Telephone Number

1.

2.

3.

APPLICANT STATEMENT

I certify that I have read and understand the Applicant Note on Page 1 of this form and that the answers given by me to the forgoing questions and the statements made by me are complete and true to the best of my knowledge and belief.

I understand that any false information, omission or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize investigation to verify any of this information including, but not limited to, previous employment history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I also understand that the use of illegal drugs is prohibited during employment. If policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I hereby understand and acknowledge my responsibility to notify the employer if I need reasonable accommodation in any testing procedures or interviews required as a result of submission of this application

I also understand that the use of illegal drugs is prohibited during employment. If policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature of Applicant _____ Date _____

FOR INTERNAL USE ONLY

Arrange Interview Yes No

Remarks: _____

Employed Yes No

Date of Employment: _____

Job Title: _____

Hourly Rate/Salary: _____

Department: _____

By: _____

Date: _____

Name and Title