

# Application For Employment



Applications are considered for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Please return completed application to: City Administrator 1 Paul Parks Dr. St. Clair, Mo 63077 Call (636) 629-0333 ext 101 for additional information.

Position(s) 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"/> Temp Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____	

Last Name	First Name	Middle Name/Initial	
Address	City	State	Zip Code
Telephone Number:	Cell Phone Number:		

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

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

Are you currently employed?  Yes  No    May we contact your work?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (proof of citizenship required upon employment)  Yes  No  
 On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full-time     Part -time     Temporary     Other: \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Have you been convicted of a felony within the last 7 years?  Yes  No

If yes, please explain

(Conviction will not necessarily disqualify applicant from employment)

Are you capable of performing the duties of the position for which you applied?  Yes  No

## **EMPLOYMENT EXPERIENCE:**

Start with your current or most recent job. Include any jobs done for the military and/or volunteer activities. You may exclude organizations, which indicate color, race, religion, gender, national origin, disability, etc.

Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Job Title: _____
Supervisor's Name: _____
Reason for Leaving: _____
Dates of Employment: _____ Salary/Hr: _____

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Phone: _____ Job Title: _____
Supervisor's Name: _____
Reason for Leaving: _____
Dates of Employment: _____ Salary/Hr: _____

*List any qualifications, certifications, job-acquired knowledge, or other information which pertains to the job you are applying for here.*

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*List any professional activities, apprenticeships, or civic offices held.  
(You may exclude organizations, which indicate color, race, religion, gender, national origin, disability, etc.)*

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*List any skills acquired in the United States military.*

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**EDUCATION:**

	<b>Name &amp; Address of School</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Diploma/ Degree</b>
<b>High School</b>				
<b>Undergraduate School</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

**REFERENCES:**

<b>Name:</b> _____	<b>Phone Number:</b> _____
<b>Address:</b> _____	
<b>Name:</b> _____	<b>Phone Number:</b> _____
<b>Address:</b> _____	
<b>Name:</b> _____	<b>Phone Number:</b> _____
<b>Address:</b> _____	

**APPLICANT'S STATEMENT:**

I CERTIFY that the answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand this application is not intended to be a contract of employment. In the event of employment, I understand false or misleading information given on my application or interview may result in termination.

I hereby understand and acknowledge that, unless defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

In consideration of employment with the City of St. Clair, I agree to the rules and regulations of the City as set forth in the City's Personnel Policy Manual, as amended.

I hereby authorize any of the persons or organizations referenced in this application to give the great City of St. Clair all information that is lawful and truthful concerning my previous employment and education.

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

For Personnel Department Only	
Arrange Interview _____	Yes _____ No _____
Remarks: _____	
Interviewed by: _____	
Employed _____	Job Title _____ Salary / Hr. Pay _____
Date Effective: _____	

## APPLICANT AUTHORIZATION FOR REFERENCE CHECK

I acknowledge and voluntarily consent to authorizing the City of St. Clair to conduct a background and reference check on me, which may include a review of public records, my criminal history, and inquiries of my former employers as well as organizations to which I have belonged. I understand that questions may be asked about my educational background, work experience, achievements, wage history, performance, attendance, personal history, character, personality, disciplinary information, and reason for separation from former employment.

If I am applying for a position involving the City's finances, billing or other related activities, I also expressly agree to permit investigation into my credit history.

It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment with the City of St. Clair.

I hereby release the City of St. Clair and any of its employees or agents from all liability for damages or claims, including but not limited to, defamation, interference with contract, negligence or any other causes of action whatsoever, which may arise or result from any reference information gathered pursuant to this authorization. Additionally, I hereby release any and all individuals, cities, companies, agencies or organizations providing any information about me to the City of St. Clair from any and all liability for damages or claims including but not limited to defamation, interference with contract, negligence or any other cause of action whatsoever which may arise or result from the furnishing of such information.

I understand that any offer of employment is conditional and contingent upon the required background check being successfully completed.

I have read this authorization and expressly agree to all of the terms set forth herein.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name