

APPLICATION FOR EMPLOYMENT
(AN EQUAL OPPORTUNITY EMPLOYER M/F/V/D)



690 Chesterfield Parkway West
Chesterfield, MO 63017
(636) 537-4000
Fax (636) 537-4799

"An Employer Supporting a
Smoke-Free Environment"

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-essential job-related medical condition or disability.

APPLICANT INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "**APPLICANT NOTE.**"
2. Complete all pages of this form.
3. If more space is needed to complete any questions, use "comments section" on page 4.
4. Print clearly; incomplete or illegible applications will not be processed.
5. Some applications may have an attached **AFFIRMATIVE ACTION QUESTIONNAIRE**. This information is being gathered for affirmative action under Section 504 of *The Rehabilitation Act of 1973*. This information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, USE OR AN ASSUMED NAME OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOU'RE YOUR RECORD: IF YES, EXPLAIN.

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
Street City State Zip

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS?

PRIOR ADDRESS: _____

ARE YOU RELATED TO ANY CITY OFFICIAL OR EMPLOYEE OF THE CITY OF CHESTERFIELD? IF YES, EXPLAIN _____

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. Additional testing of job-related skills and for the presence of alcohol and/or drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on city policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the city.

AVAILABILITY

For which position are you applying? _____

Referred to us by _____

What date can you start? _____ What category? Full-time Part-Time Temp. Seasonal

Which schedules? Weekdays Weekends Evening Nights Shifts

Minimum salary required \$ _____ (Week) (Year)

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

NAME & LOCATION	DAY/ EVENING	MAJOR/MINOR	GRADUATE?	DEGREE TYPE (BA,BS,MBA)
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL/OTHER				
<i>Additional Education:</i>				

SECURITY

List states and counties of residence for the past seven years. _____

Yes No Have you been convicted of a felony and/or served time in the past seven years? If so please describe below. (In accordance with city policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

JOB RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.
List languages in which you are fluent _____

Yes No If the job requires, do you have the appropriate valid drivers license?

DL# _____ Type _____ State of issue _____

Yes No Have you had any moving violations? Please describe _____

Please list any other skills, machines you can operate, licenses or certificates that may be job-related or that you feel would be of value to this job or city (if applicable, include police academy information by Academy name, # of hours, and year attended).

Yes No Have you been given a job description or had the requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodation?

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers of past employers are critical.**

MOST PREVIOUS EMPLOYER		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer? If yes, may we contact?
COMPANY NAME _____ CITY _____ STATE _____ () _____ PHONE NUMBER _____			
FROM _____	TO _____		
DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____			
PER _____			
SALARY _____ (HOUR, WEEK, MONTH)		REASON FOR LEAVING _____	
SECOND MOST RECENT EMPLOYER			
COMPANY NAME _____ CITY _____ STATE _____ () _____ PHONE NUMBER _____			
FROM _____	TO _____		
DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____			
PER _____			
SALARY _____ (HOUR, WEEK, MONTH)		REASON FOR LEAVING _____	
THIRD MOST RECENT EMPLOYER			
COMPANY NAME _____ CITY _____ STATE _____ () _____ PHONE NUMBER _____			
FROM _____	TO _____		
DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____			
PER _____			
SALARY _____ (HOUR, WEEK, MONTH)		REASON FOR LEAVING _____	
If additional space is required to cover 10 years, print second application form.			

REFERENCES		
Include only individuals familiar with your work ability. Do not include relatives.		
NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

COMMENTS
List any special skills, knowledge & abilities that would further qualify you for the position sought.

CERTIFICATION & RELEASE
I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing 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, omissions, 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 the city and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal record and motor vehicle driving record. 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, as provided by law. I also understand that the use of illegal drugs is prohibited during employment. If city policy requires, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol and/or illegal drugs prior to and during employment.

SIGNATURE	DATE
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