



City of Ellisville

APPLICATION FOR EMPLOYMENT

The City of Ellisville considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. PLEASE PRINT.

PERSONAL INFORMATION

Today's Date: _____ Social Security Number (voluntary): _____
Last Name _____ First Name _____ Middle Name _____
Address _____ City _____ State _____ Zip Code _____
How long have you lived at your current address: _____ Previous Address: _____
Home Phone: _____ Work Phone: _____ May we contact you at work: YES ___ NO ___
Email address: _____ Cell _____
If you are younger than 18 years of age, please provide date of birth _____

GENERAL INFORMATION

Position Applied For: _____ How did you hear about this position? _____

Have you applied here before? ___ YES ___ NO If Yes, When? _____
Do you have the legal right to accept employment in the U.S.? ___ YES ___ NO
Do any of your friends or relatives, including spouse, work for the City of Ellisville? ___ YES ___ NO
Name _____ Department _____
Are you currently employed? ___ YES ___ NO May your present employer be contacted? ___ YES ___ NO
What date are you available for work? _____
What category? ___ FULL TIME ___ PART TIME ___ TEMPORARY ___ SEASONAL
Which schedules? ___ WEEKDAYS ___ WEEKENDS ___ EVENING ___ NIGHTS ___ SHIFTS
Have you been convicted of a crime in the past ten years? ___ Yes ___ No If so, please provide all details including the date/court below.

Are there any felony charges pending against you? ___ Yes ___ No If so, please provide all details including the date/court below.

EDUCATIONAL BACKGROUND

	NAME & LOCATION	COURSE OF STUDY	GRADUATE?	DEGREE TYPE (DIPLOMA,BA,BS,MBA)
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER (SPECIFY)				

If necessary, attach additional sheets of paper to cover all education

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS.

DESCRIBE ANY JOB-RELATED TRAINING YOU RECEIVED IN THE UNITED STATES MILITARY:

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

EMPLOYMENT HISTORY

Please provide your complete and accurate employment record beginning with your present or last job. (attach additional sheets of paper if necessary). Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender; national origin, disabilities or other protected status.

<u>Employer</u>	DATES EMPLOYED		Full Time / Part Time (circle one) DESCRIBE WORK PERFORMED
Address	From Month/Year	To Month/Year	
Telephone Number(s)	Starting Salary	Ending Salary	
Job Title			
Supervisor (Print Name and Title)			
Reason for Leaving			
<u>Employer</u>	DATES EMPLOYED		Full Time / Part Time (circle one) DESCRIBE WORK PERFORMED
Address	From Month/Year	To Month/Year	
Telephone Number(s)	Starting Salary	Ending Salary	
Job Title			
Supervisor (Print Name and Title)			
Reason for Leaving			
<u>Employer</u>	DATES EMPLOYED		Full Time / Part Time (circle one) DESCRIBE WORK PERFORMED
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Telephone Number(s)	Starting Salary	Ending Salary	
Job Title			
Supervisor (Print Name and Title)			
Reason for Leaving			
<u>Employer</u>	DATES EMPLOYED		Full Time / Part Time (circle one) DESCRIBE WORK PERFORMED
Address	From Month/Year	To Month/Year	
Telephone Number(s)	Starting Salary	Ending Salary	
Job Title			
Supervisor (Print Name and Title)			
Reason for Leaving			

REFERENCES

List three (3) individuals who may be contacted concerning your work history and background. Do not include relatives or former supervisors. (Please Print)

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I 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 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 of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I agree to a physical exam and drug testing prior to employment. I agree to a voice stress test and psychological testing (if applying for a position in the police department).

I understand that the use of illegal drugs is prohibited during employment.

I am willing to submit to testing to detect the use of illegal drugs and alcohol during employment.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and agree that if hired, my employment is for no definite period and can be terminated at any time, with or without notice, with or without cause by either party. In the event that I am employed, I understand that regardless of the job I am first assigned, I may be required to accept a change of job, depending on my demonstrated skills after employment and/or the needs of the City. I understand that I am required to abide by all rules and regulations of the City.

Signature of Applicant

Date



AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the City of Ellisville, Missouri, or its duly authorized representative, to conduct a thorough investigation of my background. I understand this investigation may include the following:

Educational Background
Financial and Credit History
Military Service
Criminal and Traffic Record
Employment and Past Employment
Professional and Personal References

Authorization For Release of Information

I hereby authorize any agency to release information concerning the existence or non-existence of any of the above sources of information.

I agree to hold harmless those agencies, their employees, and the City of Ellisville from any action arising out of release of such information.

I hereby release from liability the City of Ellisville and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature (Applicant) _____

Date _____

Name (Printed) _____

Drivers License Number _____

State of Issue _____

Signature (Witness) _____

Date _____