



CITY OF DARDENNE PRAIRIE, MISSOURI

APPLICATION FOR EMPLOYMENT

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, shall be cause for dismissal.

(Please Print)

Position applied for: _____

Date of Application: _____

How did you learn about us?

Advertisement _____ Employment Agency _____ Walk-in _____

Other (specify) _____

Last Name First Name Middle Initial

Address

City State Zip

Telephone Number(s)

Have you ever filed an application with us before? _____ If yes, give date: _____

Have you ever been employed by the City? _____ If yes, give date: _____

Do you have any relatives employed by the City? _____ If yes, give name and relationship: _____

Are you currently employed? _____ May we contact your present employer? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____

On what date would you be available for work? _____

Are you available to work (check all that apply):

() Full-time () Part-time () Shift Work () Temporary

Can you perform the essential functions of this job with or without reasonable accommodation?
_____ Yes _____ No

If the job requires, do you have the appropriate valid driver's license? _____ Yes _____ No

Type _____ State _____

Have you ever had a moving violation? Please describe: _____

Have you ever had any job-related training in the United States Military? _____ Yes _____ No

EDUCATION (Circle Highest Grade Completed)

	Elementary	High School	Undergraduate College/University	Graduate/ Professional
School Name & Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/GED/ Degree				
Describe Course of Study				

Describe any specialized training, foreign languages spoken, apprenticeship, skills and extra-curricular activities that may be job-related:	
Describe any honors you have received:	
State any 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 1:

Employer Name: _____ Supervisor: _____

Employer Address: _____

Employer Phone Number: _____

Job Title: _____ Hourly Rate/Salary: _____

Briefly Describe Work Performed:

Dates Employed: Start Date: _____ End Date: _____

Reason for Leaving:

EMPLOYER 2:

Employer Name: _____ Supervisor: _____

Employer Address: _____

Employer Phone Number: _____

Job Title: _____ Hourly Rate/Salary: _____

Briefly Describe Work Performed:

Dates Employed: Start Date: _____ End Date: _____

Reason for Leaving:

EMPLOYER 3:

Employer Name: _____ Supervisor: _____

Employer Address: _____

Employer Phone Number: _____

Job Title: _____ Hourly Rate/Salary: _____

Briefly Describe Work Performed:

Dates Employed: Start Date: _____ End Date: _____

Reason for Leaving:

EMPLOYER 4:

Employer Name: _____ Supervisor: _____

Employer Address: _____

Employer Phone Number: _____

Job Title: _____ Hourly Rate/Salary: _____

Briefly Describe Work Performed:

Dates Employed: Start Date: _____ End Date: _____

Reason for Leaving:

REFERENCES

Please provide the name, address and telephone number of three references who are not related to you. DO NOT PROVIDE PREVIOUS EMPLOYERS.

Name Telephone Number

Address

Name Telephone Number

Address

Name Telephone Number

Address

APPLICANT STATEMENT

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, 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 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 or controlled substances not prescribed by a doctor is prohibited during my 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