

# City of St. Ann

## Department of Public Works

### APPLICATION FOR EMPLOYMENT

*The City of St. Ann is an equal opportunity employer and does not discriminate against any individual in any phase of employment in accordance with the requirements of local, state and federal law.*

**This application will remain active for a period of one (1) year**

#### PERSONAL

Last Name First Name Middle Initial Social Security #

Street Address City State Zip Code Telephone Number

Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

You will be required, upon employment, to submit verification of your legal right to work in the U.S.

Have you ever been convicted of or pled guilty or *nolo contendere* to a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

{If yes, explain. (NOTE: A conviction will not necessarily disqualify you for employment. Factors such as the date of the offense, seriousness and nature, rehabilitation and the relationship of the offense to the job for which you are applying will be taken in account.)}

Are you able to perform the functions of the job{s} for which you have applied, with or without reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please describe any functions which you are not able to perform with or without reasonable accommodation.

#### JOB INTEREST

APPLYING FOR: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

\_\_\_\_\_ Maintenance \_\_\_\_\_ Other

\_\_\_\_\_ Office \_\_\_\_\_

Have you ever been employed with the City of St. Ann in any capacity?

Why did you apply for a position with the City of St. Ann?

**EMPLOYMENT HISTORY**

Beginning with the most recent, list your last two (2) jobs.

If you have ever used another name for employment purposes during this period, please indicate.

Employer (Present or Most Recent)

Street/Address/City/State

Telephone #

Supervisor's Name

Your Job Title

Description of Your Duties

From (Mo & Yr)

To (Mo & Yr)

Compensation Rate

Reason For Leaving

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ Telephone# \_\_\_\_\_

Employer

Street/Address/City/State

Telephone #

Supervisor's Name

Your Job Title

Description of Your Duties

From (Mo & Yr)

To (Mo & Yr)

Compensation Rate

Reason For Leaving

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ Telephone# \_\_\_\_\_

**EDUCATION**

High School

City & State

Did You Graduate?

College

City & State

Did You Graduate?

Major

List Any Other Education/Trade Schools/Etc.

Please Detail ANY Skills And/Or Qualifications You May Have For The Position In Which You Are Applying

**PERSONAL REFERENCES**

DO NOT List Former Employers, Relatives or Employees of the City St. Ann

Name

Telephone Number

Occupation

1

2

3

## Disclaimer of Liabilities

1. If I am offered employment, I understand that I may be required to take a post-offer medical examination before beginning work, in which case the City of St. Ann's offer of employment will be conditioned upon my satisfactory completion of this exam.

When a post-offer medical examination is required, it will be required of all entering employees in the same job category, and the information obtained in the course of the examination will be treated as a confidential medical record.

I consent to taking a pre-employment drug test and understand that any offer of employment by the City of St. Ann will also depend on my satisfactory completion of this test.

2. If I am offered employment that requires driving as an essential function, I understand that the offer may be subject to proof of a good driving record and my ability to comply with all driving laws.

3. The information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, given in my application, interview(s) or any other employment form, may be sufficient reason not to hire me and may be reason for dismissal.

I understand and agree that all information furnished in this application will be verified by the City of St. Ann or its authorized representative. I waive any right I may have to notice from any individuals and organizations named or referred to by me in this application prior to the release of any employment information to the City of St. Ann. I hereby authorize all individuals in organizations named or referred to in this application and any law enforcement organization to give the City of St. Ann all information relative to such verification and hereby release such individuals, organizations and the City of St. Ann from any and all liability for any claim or damage resulting therefrom.

4. I understand that, if hired, I am required to abide by all rules and regulations of the City of St. Ann and to comply with all policies and procedures in an employee handbook, any policy and procedure manual or other communications to employees including but not limited to safety rules. I further understand that the City of St. Ann's policies and procedures are subject to modification without notice.

I understand that the City of St. Ann is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement, is intended to create any contract of employment, or to create any rights in the nature of a contract of employment. I understand that, if I am hired, nothing in this application shall restrict the right of the City of St. Ann to terminate my employment at any time.

I hereby acknowledge that I have read and understand the above statements.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_