



APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

Hire Date: ___-___-___

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions. Applications are kept on file for 3 months.

Today's Date: ___-___-___

Position Applied for: _____

I. PERSONAL INFORMATION

Name: _____ DOB: ___/___/___ (mm/dd/yyyy)
Last First Middle

Present Address: _____ Zip Code: _____

Permanent Address: _____ Zip Code: _____
(If different from above)

Social Security Number: ___-___-___ Home Phone: () ___-___ Cell: () ___-___

Please list any other names you have worked under: _____

Federal law prohibits the employment of unauthorized aliens. All person hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, social security card, green card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Are you over the age of 18 years? ___yes ___no (if no, please list) _____
Can you show proof you are a United States citizen? ___yes ___no
Have you ever been convicted of a felony? (if yes, please explain) ___yes ___no

Have you ever been employed with this company? (if yes, please list dates) ___yes ___no ___/___/___
From To

How were you referred to this company? ___Friend ___Newspaper ___Walk-in ___Other

Do you have any relatives who are or have been employed by this company? ___yes ___no

Name: _____ Name: _____

EMERGENCY CONTACT INFORMATION

*Emergency Contact Person: _____ Relationship: _____

Home Phone: () ___-___ Work Phone: () ___-___ Cell Phone: () ___-___

*Emergency Contact Person: _____ Relationship: _____

Home Phone: () ___-___ Work Phone: () ___-___ Cell Phone: () ___-___

II. EDUCATIONAL INFORMATION

<u>School Name</u>	<u>Location</u>	<u>Years Completed</u>	<u>Diploma</u>
High School: _____	_____	_____	yes/no
GED: _____	_____	_____	yes/no
College: _____	_____	_____	yes/no
Technical: _____	_____	_____	yes/no
Other: _____	_____	_____	yes/no

III. EMPLOYMENT HISTORY (Please include all employment information for the last 5 years)

1. Company Name: _____ Position Held: _____
Address: _____ Zip Code: _____
Supervisor Name: _____ Phone #: () ____ - ____
Start Date: ____/____/____ End Date: ____/____/____ Wage/Salary: \$ _____
Reason for leaving: _____

2. Company Name: _____ Position Held: _____
Address: _____ Zip Code: _____
Supervisor Name: _____ Phone #: () ____ - ____
Start Date: ____/____/____ End Date: ____/____/____ Wage/Salary: \$ _____
Reason for leaving: _____

3. Company Name: _____ Position Held: _____
Address: _____ Zip Code: _____
Supervisor Name: _____ Phone #: () ____ - ____
Start Date: ____/____/____ End Date: ____/____/____ Wage/Salary: \$ _____
Reason for leaving: _____

4. Company Name: _____ Position Held: _____
Address: _____ Zip Code: _____
Supervisor Name: _____ Phone #: () ____ - ____
Start Date: ____/____/____ End Date: ____/____/____ Wage/Salary: \$ _____
Reason for leaving: _____

IV. REFERENCES (Please do not include any relatives or former employers)

1. Name: _____ Months/Years Known: _____
 Address: _____ Phone #: () _____ - _____
 Occupation: _____

2. Name: _____ Months/Years Known: _____
 Address: _____ Phone #: () _____ - _____
 Occupation: _____

3. Name: _____ Months/Years Known: _____
 Address: _____ Phone #: () _____ - _____
 Occupation: _____

V. WORK AVAILABILITY

Available Hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

If your application receives favorable consideration, when will you be available to begin work? _____

Can you work overtime? ___yes ___no
 Can you work overtime without notice? ___yes ___no
 Can you work Saturdays? ___yes ___no
 Can you work Sundays? ___yes ___no
 Can you travel if required? ___yes ___no

V. SALARY/HOURLY RATE REQUIREMENTS

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____ Benefits? ___yes ___no

By signing below, I certify that all of the statements made by me on this application are true, correct, and complete to the best of my knowledge. I also understand that if any false statements are made on this document, my application will be passed over and if I am hired, I will be terminated.

 Applicant's Signature

_____/_____/_____
 Date



City of Moline Acres

2449 Chambers Road * St. Louis, MO * 63136
Office: (314) 868-2433, ext. 713 * Fax: (314) 868-8224

Background Research Release

Please read this section carefully and acknowledge your understanding by signing your name in the space below

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

1. Consent to Conduct Background Investigation

As a condition of and in consideration for the City of Moline Acres' consideration of this application, I give permission to the City to investigate my personal and employment history. I understand that this background investigation will include, but not limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to the City of Moline Acres to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent To Contact Past Employers

I give permission to the City of Moline Acres to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current and previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the City, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of the City of Moline Acres. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to the City. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Consent to Contact Government Agencies

I give permission to any agent, attorney, or representative to the City of Moline Acres to receive a copy of any information obtained in the file of any federal, state, or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate the City as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity, and/or abilities.

4. Cooperation with Investigation

I agree to fully cooperate in the City of Moline Acres' background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state, or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

5. Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient ground for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

6. Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of the City of Moline Acres and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either the City or myself, except as otherwise provided by law. I understand that no manager or representative of the City, other than the Mayor and Board of Alderman of the City of Moline Acres has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and that any promises to the contrary will be relied upon by me if they are writing and signed by the Mayor of the City of Moline Acres.

Applicant's Signature

_____/_____/_____
Date