



APPLICATION FOR EMPLOYMENT

**Submit to:
Human Resources Department**

Ballwin Government Center
14811 Manchester Road
Ballwin, Missouri 63011
(636) 227-8580
FAX (636) 207-2320

<p>Please fill out this application to the best of your ability.</p> <p>The City of Ballwin is an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, or disability.</p>	Name _____
	Address _____
	City _____ State _____ Zip _____
	Daytime Phone # _____
	Cell Phone # _____
	<i>All applicants must specify "Position Applied For":</i>
Position Applied For _____	

EMPLOYMENT HISTORY:

Please begin with your current or last job. Include military service assignments. If you include volunteer activities, please exclude organizations that might indicate race, color, religion, national origin, disability or other protected status.

(1.)

Employer _____

Address _____ Phone No. _____

Duties/Responsibilities _____

From ____ / ____ / ____ To ____ / ____ / ____

Yearly wage \$ _____ (starting) \$ _____ (ending)

Job Title _____ Supervisor _____

Reason for leaving _____

(2.)

Employer _____

Address _____ Phone No. _____

Duties/Responsibilities _____

From _____ / _____ / _____ To _____ / _____ / _____

Yearly wage \$ _____ (starting) \$ _____ (ending)

Job Title _____ Supervisor _____

Reason for leaving _____

(3.)

Employer _____

Address _____ Phone No. _____

Duties/Responsibilities _____

From _____ / _____ / _____ To _____ / _____ / _____

Yearly wage \$ _____ (starting) \$ _____ (ending)

Job Title _____ Supervisor _____

Reason for leaving _____

EDUCATION

Years completed _____

Please include the school name, location, diploma or degree received, and course of study:

High school _____

Trade school _____

College _____

Graduate school _____

Any specialized training, apprenticeship programs, or any special job-related skills: _____

Any honors, awards copyrights or patents: _____

Foreign Languages

Please indicate if you speak, read, write (and whether you are fluent, good or fair) in any language(s) other than English. _____

Professional, Trade, Business or Civic Organizations/Offices:

Please exclude organizations that might indicate race, color, religion, national origin, disability, or other protected status.

MILITARY HISTORY:

Job related training: _____

Current status: _____

PERSONAL:

If less than 18 years of age, can you provide proof of eligibility to work? Yes No

Have you ever applied to us before? Yes No
When? _____

Have you ever been employed with us before? Yes No
When? _____

May we contact your present employer? Yes No

Can you perform the essential job functions of the job for which you are applying?
..... Yes No

Have you ever been convicted of a felony? Yes No
(Conviction will not automatically disqualify you from employment.)

If applying for a position that requires driving, do you have the appropriate license?
 N/A Yes No

If applying for a position that requires driving, have you been ticketed for a moving violation in the past 3 years? Yes No
If yes please explain. _____

Are you a citizen of the United States? Yes No

Can you provide proof of identification and proof of eligibility to work in this country (for instance, green card, social security card, passport, etc.)..... Yes No

Are you currently on "layoff" status, subject to recall? Yes No

CERTIFICATE OF APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

(WAIVER OF RIGHTS TO HAVE POLICE RECORDS CHECKED)

(WAIVER OF RIGHTS FOR ALL MEDICAL & PSYCHOLOGICAL EXAMINATION RESULTS)

I, (*Print full name*) _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any mis-statements or omission of material facts will cause forfeiture on my part to all rights to employment by the City of Ballwin.

I hereby authorize all law enforcement agencies, the Veterans Administration, U.S. Army, U.S. Navy, U.S. Air Force, all Military Agencies, all Federal, State, or Local Government Agencies, State and Federal Tax Bureaus, Credit Bureaus, Schools, and Universities, to furnish the holder of this release with any and all available information regarding me in order to determine my suitability for employment.

I authorize the holder of this release to make inquiries of my present and past employers, and co-workers regarding my character, integrity, reputation, and efficiency.

I authorize the release of any and all information regarding my employment, credit or any other information, whether personal or otherwise, that may or may not be on their records, and release said company or person from all liability from any damage whatsoever that may ensue from furnishing such information to the holder of this release. Any part of the undersigned application for employment may be released to any local State or Federal Law Enforcement agency.

I, _____, hereby authorize the Human Resources Department of the City of Ballwin to have the Chief of Police of the City of Ballwin make a search to see whether or not I have any record of arrest and or convictions anywhere in the United States, and that information can be given to the Director of Human Resources, as well as the Mayor of the City of Ballwin to become a part of my application for employment.

I, _____, hereby agree to take any medical examination, psychological examination or test to determine the presence of drugs or narcotics which the City may require to determine my qualifications for employment. I do further authorize that the results of said tests be furnished to the City of Ballwin and the same shall become a part of my application for employment. Positive testing for the presence of any narcotic substance will result in my disqualification from further consideration for employment.

Photostatic or Xerox copy of this authorization shall be considered as effective as the original.

THIS AUTHORIZATION, YOUR APPLICATION, AND ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE HUMAN RESOURCES DEPARTMENT OF- THE CITY OF BALLWIN AND WILL NOT BE RETURNED.

Signature of Applicant

Date

Driver's License No. _____