



THE CITY OF ST. PETERS  
 P.O. Box 9, One St. Peters Centre Blvd., St. Peters, MO 63376  
 636-477-6600 ext. 5021 (Job Hotline) or ext. 5022 (Job Status Hotline)

# APPLICATION FOR EMPLOYMENT

Pursuant to Missouri state law, the City of St. Peters participates in the E-Verify program to verify the eligibility of every newly hired employee to work in the United States.

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability or veteran status, or any other legally protected status.*

All applicants are expected to answer all questions on this application. Answer "None" or "Not Applicable" where necessary. Please Print.

Position applying for: \_\_\_\_\_ Job Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 (If applying for more than one position you must fill out a separate application for each.)

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you related to any City official or employee by blood or marriage?  Yes  No

If Yes, please list their name(s) and relationship to you: \_\_\_\_\_

Are you currently employed?  Yes  No

Have you ever been employed with us?  Yes  No

If Yes, please list dates and position held: \_\_\_\_\_

Is there any reason you cannot report to work for all scheduled shifts?  Yes  No

How long do you anticipate being employed by the City? \_\_\_\_\_

Have you ever been terminated by any employer for any reason?  Yes  No

If Yes, please explain: \_\_\_\_\_

How did you learn about us?  Friend  Walk-in  Employment Agency  Cable

Internet (please specify) \_\_\_\_\_  Advertisement (please specify) \_\_\_\_\_

Relative\*  City Employee\* \*Referred by \_\_\_\_\_

# Education

Name of High School: \_\_\_\_\_ Number of Years Completed: \_\_\_\_\_

Diploma received?  Yes  No If you did not complete high school, do you have a GED?  Yes  No

Colleges/Universities:

Name of Institution	Course of Study	Number of Years Completed	Degree or Diploma Received

Business/Trade Schools:

Name of Institution	Course of Study	Number of Years Completed	Degree or Diploma Received

Do you have a valid CDL license?  Yes  No If Yes, please list type: \_\_\_\_\_

## Police Officers:

Have you completed your MO POST certification?  Yes  No Total Hours Completed: \_\_\_\_\_

If No, can certification be obtained within 90 days of application process?  Yes  No

## Special Skills

Please list the office and other skills you have (i.e., skating, swimming, lifeguarding, Microsoft Word, Excel, Access, PowerPoint, Publisher, etc.):

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Please list the types of vehicles, light equipment and heavy equipment that you are able to operate:

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## Legal

Have you been convicted of or pled guilty to any traffic violations?  Yes  No

Have you been convicted of or pled guilty to any ordinance violations in this or any other city?  Yes  No

Have you been convicted of or pled guilty to any state or federal misdemeanor or felony?  Yes  No

Conviction will not necessarily disqualify an applicant from employment.

If Yes to any of the last 3 questions, please state specific violation, date and place:

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# Employment Experience

Please list **ALL** previous places of employment starting with your current or most recent. Include any job-related military assignments and volunteer activities.

**For any time period not employed, please explain why.**

1. Current/Most Recent Employer: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hourly Rate or Salary Starting: \_\_\_\_\_ Final: \_\_\_\_\_ CDL Required?  Yes  No

Work Performed (be specific): \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May we contact your current employer?**  **Yes**  **No**

2. Previous Employer: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hourly Rate or Salary Starting: \_\_\_\_\_ Final: \_\_\_\_\_ CDL Required?  Yes  No

Work Performed (be specific): \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Previous Employer: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hourly Rate or Salary Starting: \_\_\_\_\_ Final: \_\_\_\_\_ CDL Required?  Yes  No

Work Performed (be specific): \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

4. Previous Employer: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_ Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Hourly Rate or Salary Starting: \_\_\_\_\_ Final: \_\_\_\_\_ CDL Required?  Yes  No  
Work Performed (be specific): \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

5. Previous Employer: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_ Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Hourly Rate or Salary Starting: \_\_\_\_\_ Final: \_\_\_\_\_ CDL Required?  Yes  No  
Work Performed (be specific): \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

6. Previous Employer: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_ Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Hourly Rate or Salary Starting: \_\_\_\_\_ Final: \_\_\_\_\_ CDL Required?  Yes  No  
Work Performed (be specific): \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**If you need additional space to list all previous places of employment, please continue on a separate sheet of paper.**

# References

Do not use previous employers, supervisors or relatives.

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Public Notice

This notice is published pursuant to the requirements of Subtitle A of Title II of the Americans with Disabilities Act, as published in the Federal Register on July 26, 1991. Subtitle A prohibits discrimination by public entities on the basis of disability. The regulations, effective January 26, 1992, cover the programs, activities, and services of local governments. Public entities are also prohibited from discrimination on the basis of disability in regards to employment. The City of St. Peters, Missouri advises the public, employees, and job applicants that it does not discriminate on the basis of disability in regard to its programs, activities, services, or employment practices. The City Administrator is designated as the contact to coordinate efforts to comply with this requirement. Inquiries should be directed to:

William P. Charnisky  
City Administrator  
P.O. Box 9  
St. Peters, MO 63376  
636-477-6600  
636-278-2244

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

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

I understand that the information provided on all employers may be used, and the previous employers may be contacted for the purpose of investigating my work history.

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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by a written document or by conduct unless such change is specifically agreed to in writing by the City Administrator of this organization.

I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to alcohol and/or drug testing to detect the use of alcohol and/or illegal drugs prior to and during employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date