



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.

Applications will only be considered for current employment opportunities. Unsolicited applications or resumes will not be accepted, considered or retained for future opportunities. 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 or type legibly.

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: _____

Email address: _____

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

Do you have the legal right to work in the US? 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 / Enforcement Division Rangers:

Have you completed your Missouri POST certification for a 1st Class charter county (Class A) 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.):

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

Legal

Have you been convicted of or pled guilty to any traffic violations (including tickets)? 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: _____

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: _____

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:

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

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