

Phone: (636) 937-4694



Fax: (636) 937-2140

CITY OF FESTUS

APPLICATION FOR EMPLOYMENT

I, (print full name) _____ hereby certify that I have personally completed this application; that all statements made, or information or documents furnished in connection with my application are true to the best of my knowledge and belief; and that I have not knowingly withheld any information which might adversely affect my chances for employment. I understand that any misstatements or omissions of material facts may be cause for rejection of my application, or if I am accepted for employment, for later dismissal.

I hereby authorize all federal, state, and local law enforcement agencies; all military services including the Veteran's Administration, all agencies and instrumentalities of government including the Internal Revenue Service; all physicians, hospitals, clinics, and insurance companies, all credit bureaus and financial institutions, and all schools, colleges, and universities to furnish the City of Festus, or its representative, with any and all information in their possession or files regarding me, for the purpose of determining my suitability for employment with the City of Festus.

I further authorize all of my previous employers whether named in this application or not, to provide the City of Festus, or its representative, with details of my employment history, including but not limited to: salary, disciplinary actions, and reason for leaving or termination. In connection with the foregoing, I understand and agree that the City of Festus, or its representative, may discuss my character, reputation, and integrity with any person having access to information about me, including with any persons that I have listed as references in my application.

I understand and agree that I may be required to submit to tests; written, oral, drug tests, and other similar tests as a prerequisite to employment with the City of Festus and that I may be required to pass a physical examination upon offer of employment. I also understand that the City of Festus may obtain a credit check on me.

By signing this authorization, I expressly waive my rights to privacy or notice that I may have under federal or state laws, including, but not limited to, the Fair Credit Reporting Act. Any individual, corporation, government agency, or other entity that furnishes

information to the City of Festus, or its representative, is relieved of all liability to me for any loss or damage that I may suffer as a result. I agree that my application may be provided to another city government, or its representative, for proper purposes. A copy of this authorization will be considered as effective and valid as the original.

I realize that the completion, retention, or use of this application does not mean that a position is open at this time, or that I qualify or have been accepted for employment. I understand that this document does not constitute an offer of employment.

I also understand that if I am employed, I am required to abide by all the rules and regulations of the employer and any special agreements reached by the employer and me.

The City of Festus will not process this application unless all the information requested has been provided; all certificates and copies of training and education have been attached; and this waiver has been signed and witnessed.

Print or Type Name

Signature

Print Witness Name

Signature of Witness

Date

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

				DATE
NAME			SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
PHONE NO.	ARE YOU 18 YEARS OR OLDER?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?				
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

LAST

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
REFERRED BY		

FIRST

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

MIDDLE

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)
 IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A
 CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE
 SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant _____

IN CASE OF
EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

REMARKS:

NEATNESS ABILITY

HIRED: Yes No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.