



**CITY OF  
SHREWSBURY**  
5200 Shrewsbury Avenue  
Shrewsbury, MO 63119  
314-647-5795

## ***Application for Employment***

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

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address		City	State      Zip Code
Telephone Number(s)		Social Security Number 	

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....	Yes	No
Have you ever filed an application with us before? .....	Yes	No
If Yes, give date		
Have you ever been employed with us before? .....	Yes	No
If Yes, give date		
Do any of your friends or relatives work here? .....	Yes	No
Are you currently employed? .....	Yes	No
May we contact your present employer? .....	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) .....	Yes	No
Date available for work? _____ What is your desired salary range? _____		
Are you available to work:    Full Time    Part Time    Shift Work    Temporary		
Are you currently on "lay-off" status and subject to recall? .....	Yes	No
Can you travel if a job requires it? .....	Yes	No
Have you been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment) .....	Yes	No
If Yes, Please explain fully (dates, jurisdiction, sentence, etc.) _____		

If you need additional space, please continue on a separate sheet of paper.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# EDUCATION

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary				
High School				
Undergraduate				
Graduate/ Professional				
Other (Specify)				
Describe any specialized training, apprenticeship, skills and extra-curricular activities.				
Describe any job-related training received in the United States military.				
List Professional, trade, business or civic activities and offices held. <i>(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)</i>				

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.


State any additional information you feel may be helpful to us in considering your application.


## SPECIALIZED SKILLS (Check Skills/Equipment Operated)

____ Terminal	____ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
____ PC/MAC	____ Word Processing	_____	_____
____ Typewriter	____ Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. \_\_\_\_\_ YES \_\_\_\_\_ NO

## REFERENCES

1.	(Name)	Phone #
	(Address)	
2.	(Name)	Phone #
	(Address)	
3.	(Name)	Phone #
	(Address)	

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

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

This application for employment shall be considered active for a period of time not to exceed 45 days. 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 any written document or by conduct unless such change is specifically acknowledged in writing by an authorized representative of this organization.

In the event of my 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