

CITY OF DES PERES

12325 Manchester Rd
Des Peres, MO 63131
Employment Application



APPLICANT INFORMATION			
Last Name		First	
M.I.		Date ___/___/___	
Street Address			Apartment/Unit #
City		State	
Phone		ZIP	
E-mail Address		Date Available	
Social Security No.		Driver's License No.	
Position Applied for			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been employed here before? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever filed an application here before? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Have you ever been bonded? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If you are under 18, can you furnish a work permit? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If necessary, best time to call you at home is?			
May we contact you at work? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you on lay-off and subject to recall? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Will you work overtime if required? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Will you relocate if job requires it? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

REFERRAL SOURCE

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Government Employment Agency
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Private Employment Agency	<input type="checkbox"/> Other _____	

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national Origin, age, color, disability or other protected status.)

List any special accomplishments, publications, or awards you may have. (Exclude memberships which would reveal sex, race, religion, national Origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

DISCLAIMER AND SIGNATURE

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancelation of this application and/or separation from the employ's service if I have been employed.

I give the Employer the right to investigate all reference s and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is it used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if you have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature

Date



City of Des Peres
Missouri

PREEMPLOYMENT INQUIRY RELEASE

Applicant: _____ SSN: ____-____-____
Address: _____ Zip _____

In connection with my application for employment with the City of Des Peres, I understand that inquires will be made concerning my employment and credit histories, criminal and driving records and other related matters. Accordingly, I hereby authorize all former employers and all other public and private concerns, including but not limited to consumer reporting agencies and similar entities, to release any and all information maintained by them concerning my personal history. I understand that if employment with the City is denied wholly or partly because of information contained in a consumer report obtained from a consumer reporting agency, I will be entitled to receive from the city only the name and address of the consumer reporting agency or agencies from which the report was obtained.

In consideration of the City's acceptance and consideration of my application for employment, I hereby, and by these presents do for my heirs, agents, executors, administrators, and assigns, release and forever discharge the City and it's employees from all claims, demands, actions, and cause of action pertaining to or arising out of the City's consideration of my application for employment and use, so long as not malicious, of all information obtained in the course or as a result of all inquires made into my personal history, and release and forever discharge all former employers from all liability arising out disclosure to the City of Des Peres of information pertaining to my personal history.

Signature: _____ Date ____/____/____
Witness: _____



Des Peres Department of Public Safety Criminal History Record Release

Last Name		First	M.I.	Date ____/____/____
Street Address			Apartment/Unit #	
City		State	ZIP	
Length of Residence	Yrs . _____	Mos. _____	Date of Birth ____/____/____	
Race	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age

I hereby request access and review of my personal criminal history record information on file with the Des Peres Department of Public Safety.

Signature _____

I hereby request a written transcript of my personal criminal history record information on file with the Des Peres Department of Public Safety, to be used for the following purpose:

Signature _____

Identification Documents:

#1. _____ #2. _____

Approved

Disapproved _____ Commanding Officer

<input type="checkbox"/> Record Found	DSN
<input type="checkbox"/> No record Found	Investigating Officer
<input type="checkbox"/> Transcript of Record Given, :	



Applicant Name: _____

Police Officer Experience

Graduate of Certified Class A Police Academy (yes/no): _____

Name of Academy and Year Attended: _____

If you are currently enrolled in the Police Academy please list Academy and expected Graduation Date:

Currently Employed as a Police Officer (yes/no): _____

Years of Experience: _____

Current Department: _____

Emergency Medical Experience

Emergency Medical Technician License (yes/no): _____

Expires: _____

Paramedic License (yes/no): _____

Expires: _____

Firefighter Experience

Graduate of St. Louis County Fire Academy (yes/no): _____

Year Graduated: _____

Certified as a State of Missouri Firefighter I & II (yes/no): _____

Experience as a volunteer or career firefighter. Please indicate the Department and Years of Experience: _____

Education

Masters Degree (yes/no): _____

University and Year achieved: _____

Bachelors Degree (yes/no): _____

University and Year achieved: _____

Associates Degree (yes/no): _____

University and Year achieved: _____

Or

Approximate college credit hours: _____

University: _____

Please return this form with your completed application.