

City of University City

Application for Employment

City of University City 6801 Delmar Blvd. University City, MO 63130
 Ph. 314-862-6767 Fax -314-863-0921 www.ucitymo.org

Please complete all questions to be considered for employment.

Candidates must complete an application for each position for which they wish to be considered.

Name	Date of Application
Present Address	City, State, ZIP
Primary Phone	Alternate Phone
Email	Specific Position to which Applying

To the best of your knowledge, would you be able to perform all the essential functions of this position with or without reasonable accommodations? Yes No

Applicants requiring disability related accommodations for interviews should request them in advance.

AVAILABILITY

Work Days Available	Hours Available	Date Available
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Will you work overtime if needed? Yes No

Have you applied for employment with the City previously? Yes No Date/Position _____

Have you ever been employed by the City? Yes No If yes, when and reason for leaving?

Do you have relatives employed by the City? Yes No

If yes, name and relationship. _____

Would you be engaged in any other business while in our employment? Yes No

If yes, in what capacity? _____

Are you authorized to work in the United States? * Yes No

Have you ever been convicted, pleaded guilty, or pleaded "No Contest" to a felony? Yes No

If yes, please explain: _____

Have you ever been discharged or asked to resign by a former employer? Yes No

If yes, please explain: _____

Have you ever been disciplined for tardiness or absenteeism by a former employer? Yes No

If yes, please explain: _____

Conviction of a crime will not necessarily disqualify an applicant from employment with the City of University City.

**The City of University City hires only United States citizens and lawfully authorized alien workers. Proof of citizenship or immigration status is required for employment. Any applicant who cannot present documentation for employment eligibility and identity cannot be hired.*

HISTORY OF EMPLOYMENT

List all positions held within the last fifteen years (including temporary, regular, and part-time) in date order, with the most recent position listed first. Include any verifiable work experience you may have performed on a volunteer basis and military service, if applicable. **NOTE:** Please fill in all blanks. It is acceptable to write "See Resume" in the block for "brief job description" only. Failure to complete the application in full could result in not being considered for employment.

May we contact your current employer? Yes No

MOST RECENT EMPLOYER

Company Name _____ Phone Number _____

Address _____

Starting Position _____ Ending Position _____

Dates: From _____ To _____ Salary: Beginning _____ Ending _____

Supervisor's Name and Title _____

Brief Job Description _____

Number of employees supervised _____ Reason for Leaving _____

Indicate if position was: Full-Time Part Time Temporary Seasonal

Company Name _____ Phone Number _____

Address _____

Starting Position _____ Ending Position _____

Dates: From _____ To _____ Salary: Beginning _____ Ending _____

Supervisor's Name and Title _____

Brief Job Description _____

Number of employees supervised _____ Reason for Leaving _____

Indicate if position was: Full-Time Part Time Temporary Seasonal

Company Name _____ Phone Number _____

Address _____

Starting Position _____ Ending Position _____

Dates: From _____ To _____ Salary: Beginning _____ Ending _____

Supervisor's Name and Title _____

Brief Job Description _____

Number of employees supervised _____ Reason for Leaving _____

Indicate if position was: Full-Time Part Time Temporary Seasonal

**If more space is required, attach full sheet and note your name and the position title to which applying on each sheet.*

If you were employed under a different name in any of these positions, please provide name and company.

Are you a Veteran of the U.S. Military Service Yes No Branch _____

Do you possess a valid driver's or chauffeur's license in the State of Missouri? Yes No

License number _____ Expiration Date _____

Drivers' License Class _____ Endorsements _____

Does your license have any restrictions? Yes No If so, What? _____

EDUCATIONAL BACKGROUND

	<i>Elementary</i>	<i>High School</i>	<i>College/University</i>	<i>Graduate/ Professional</i>
<i>School Name</i>				
<i>Yrs Completed (Circle)</i>	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
<i>Diploma/Degree</i>	N/A			
<i>Course of Study</i>	N/A			
<i>TOTAL CREDIT HOURS</i>	N/A			

Other training, education, certifications or apprenticeships: _____

Indicate languages you speak, read and/or write in the boxes below by inserting the name of each language under the appropriate assessment of your skill level:

	<i>FAIR</i>	<i>GOOD</i>	<i>FLUENT</i>
<i>SPEAK</i>			
<i>READ</i>			
<i>WRITE</i>			

Do you participate in any professional, trade, business and/or civic activities or organizations? Yes No

If so, please list the organizations and any offices held _____

List three (3) persons we may contact concerning your professional abilities and experiences – please do not include relatives unless they were your employers.

<i>NAME</i>	<i>POSITION</i>	<i>COMPANY/ ADDRESS</i>	<i>TELEPHONE#</i>

How did you learn of this job with the City of University City? City Website Newspaper
 Ad Job Board Current/Former City Employee Friend Other _____

CERTIFICATION AND ACKNOWLEDGEMENT OF UNDERSTANDING

Please read carefully before signing.

It is understood that the submission and consideration of this application is not an obligation on behalf of the City of University City to provide employment.

If employed by the City of University City, I understand and agree that such employment is subject to all City policies and procedures.

I hereby authorize the City of University City to investigate the information contained herein, and I hereby release all references, previous employers and educational institutions from damages resulting from providing such information.

I understand that the City of University City has adopted a Drug-Free Workplace/Workforce policy, and that, if employed, I will be subject to said policy's terms. I understand and agree that I may be required to submit to alcohol and/or drug testing either before or during employment at a facility or clinic selected and paid for by the City of University City and that should such test results show the presence of controlled substances or alcohol in violation of our policy, and/or illegal drug use, employment with the City of University City may be denied or terminated.

I agree to provide my eligibility to work as required by The Immigration Reform and Control Act of 1986. University City participates in E-Verify.

I understand this employment application and any other City documents are not contracts of employment, and that if hired I may voluntarily leave employment and may be terminated by the City at any time for any reason permissible by law.

I certify that any and all information contained in this application and the accompanying resume is correct and complete to the best of my knowledge and belief. I understand that providing false information is cause for rejection of this application or discharge if discovered after employment.

I agree and I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

Signature	Date
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THE CITY OF UNIVERSITY CITY IS AN EQUAL OPPORTUNITY EMPLOYER. It is the policy of the City that all applicants for employment shall be given fair and equal consideration, regardless of race, religion, color, gender, age, sexual orientation, disability, veteran status or national origin, *except that minimum age limits imposed by law are to be observed.* If selected for employment a prospective employee must provide satisfactory references for the City and meet our applicable pre-employment qualifications.

For Office Use Only File/Log Number _____
