



City of Warrenton

200 West Booneslick

Warrenton, MO 63383

Phone: 636-456-3535 Fax: 636-456-8135

www.warrenton-mo.org

Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decision be based on job related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT or TYPE. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Position Applied for: _____ Today's Date: _____

Are you seeking: Full-Time Part-Time Temporary

When could you start work? _____

Last Name	First Name	Middle Name	Telephone Number

Present Street Address	City	State	Zip Code

Are you 18 years of age or older? Yes No (If you are hired, you may be required to submit proof of age.)

Social Security Number (optional): _____

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, give details: _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered)

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain: _____

EDUCATION

List Names & Address of Schools

**Number of
Years
Completed**

**Diploma/Degree
/Certificate**

High School or GED

College or University

Subjects Studied: _____

Vocational or Technical

Subjects Studied: _____

SPECIAL SKILLS

What additional training do you have that is related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

How many days of work have you missed in the past year?

(Exclude absences due to disability or those covered by FMLA) _____

List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected statuses.)

Do you have a valid driver's license?

Yes

No

The following questions are for Driving Jobs ONLY

Driver's License Number _____

Class of License _____

Have you ever had your driver's license revoked in the last 3 years?

Yes

No

If yes, give details: _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed give firm name and supply business references.
PLEASE GIVE MONTH AND YEAR

Name of Employer:		Supervisor:	
Address:		Employed:	
City, State, Zip		From (mo/yr)	To (mo/yr)
Telephone:		Pay Start \$	Final \$
Title:		Reason for Leaving:	
Duties:			
<div style="border: 1px solid black; height: 40px;"></div>			

Name of Employer:		Supervisor:	
Address:		Employed:	
City, State, Zip		From (mo/yr)	To (mo/yr)
Telephone:		Pay Start \$	Final \$
Title:		Reason for Leaving:	
Duties:			
<div style="border: 1px solid black; height: 40px;"></div>			

Name of Employer:		Supervisor:	
Address:		Employed:	
City, State, Zip		From (mo/yr)	To (mo/yr)
Telephone:		Pay Start \$	Final \$
Title:		Reason for Leaving:	
Duties:			
<div style="border: 1px solid black; height: 40px;"></div>			

Name of Employer:		Supervisor:	
Address:		Employed:	
City, State, Zip		From (mo/yr)	To (mo/yr)
Telephone:		Pay Start \$	Final \$
Title:		Reason for Leaving:	
Duties:			
<div style="border: 1px solid black; height: 40px;"></div>			

REFERENCES

Have you worked or attended school under any other names? Yes No
If yes, give names: _____

Are you presently employed? Yes No
If yes, may we contact them and whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No
If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone
1.		
2.		
3.		

AFFIDAVIT
PLEASE READ EACH STATEMENT CAREFULLY

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature or by typing my name below (electronic signature) consent to these statements. A signature or electronic signature by the parent or legal guardian is also required if the applicant is under sixteen (16) years of age.

Signature /
Electronic Signature

Date:

Signature of Parent or
Legal Guardian

Date:

This application for employment will remain active for six (6) months.