



APPLICATION FOR EMPLOYMENT

City of Arnold

In compliance with federal and state equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion or religious affiliation, sex, national origin or ancestry, age, marital status or familial or handicapped status.

NAME _____ DATE _____
last first middle

PRESENT ADDRESS _____
street city state zip code

PHONE () - SOCIAL SECURITY NUMBER - -

HOW LONG AT PRESENT ADDRESS? _____ YEARS _____ MONTHS

POSITION DESIRED _____ SALARY DESIRED \$ _____ per _____ DATE YOU CAN START _____

WHAT EXPERIENCE OR TRAINING HAVE YOU HAD THAT QUALIFIES YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING?

HOW DID YOU HEAR ABOUT THE JOB? _____

DO ANY OF YOUR RELATIVES WORK FOR THE CITY OF ARNOLD? _____ IF YES, WHOM? _____

ARE YOU EMPLOYED NOW? _____ MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

PREVIOUS ADDRESS _____
street city state zip code

HOW LONG AT PREVIOUS ADDRESS? _____ YEARS _____ MONTHS

PLEASE LIST YOUR LAST THREE EMPLOYERS (most recent first)

WORK HISTORY		EMPLOYER INFORMATION		COMMENTS
From	Company	Reason for leaving		<input type="checkbox"/> (for office use only) EMPLOYMENT VERIFIED
To	Address			
Salary	Contact person			
Position	Phone			
From	Company	Reason for leaving		<input type="checkbox"/> (for office use only) EMPLOYMENT VERIFIED
To	Address			
Salary	Contact person			
Position	Phone			
From	Company	Reason for leaving		<input type="checkbox"/> (for office use only) EMPLOYMENT VERIFIED
To	Address			
Salary	Contact person			
Position	Phone			

HAVE YOU EVER BEEN BONDED? _____ IF YES, FOR WHAT POSITION(S)? _____

EDUCATION

SCHOOL	ATTENDED	GRADUATED	DEGREE EARNED?
name _____ location _____	No. of Yrs. _____	<input type="checkbox"/> yes <input type="checkbox"/> no _____ year	<input type="checkbox"/> yes <input type="checkbox"/> no type of degree: _____
name _____ location _____	No. of Yrs. _____	<input type="checkbox"/> yes <input type="checkbox"/> no _____ year	<input type="checkbox"/> yes <input type="checkbox"/> no type of degree: _____
name _____ location _____	No. of Yrs. _____	<input type="checkbox"/> yes <input type="checkbox"/> no _____ year	<input type="checkbox"/> yes <input type="checkbox"/> no type of degree: _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH _____

TRADE ORGANIZATIONS / PROFESSIONAL MEMBERSHIPS _____

U.S. MILITARY SERVICE _____ RANK _____

NATIONAL GUARD RESERVES _____

LIST THE NAMES OF THREE PEOPLE, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME _____ PHONE _____ YEARS ACQUAINTED _____
ADDRESS _____ BUSINESS _____

NAME _____ PHONE _____ YEARS ACQUAINTED _____
ADDRESS _____ BUSINESS _____

NAME _____ PHONE _____ YEARS ACQUAINTED _____
ADDRESS _____ BUSINESS _____

LIST SPECIAL SKILLS OR EXPERIENCE WITH EQUIPMENT THAT ARE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING

ARE YOU WILLING TO HAVE OUR DOCTOR GIVE YOU A THOROUGH PHYSICAL EXAM AT OUR EXPENSE? _____

ARE YOU (CHECK ONE) UNDER 15 15 to 17 YEARS OF AGE 18 YEARS OF AGE OR OVER

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, DESCRIBE IN FULL, INCLUDING DATES:

IN CASE OF EMERGENCY, NOTIFY _____ PHONE _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that, if employed by the City of Arnold, my employment will be at will and for no definite period of time and may, regardless of the date of payment of my wages or salary, be terminated at any time and for any reason without previous notice.

I hereby authorize the City of Arnold Police Department to obtain any record of conviction under my name. Further, I authorize the City of Arnold Police Department to release said information, in accordance with the laws of the State of Missouri, to those members of the administration of this city whose concern it is, or to their duly appointed representatives in the consideration of employment with Arnold.

SIGNATURE _____ DATE _____

Do not write below this line

Declined Comments _____

Hired Department _____ Starting Date _____

Rehired Position _____ Year _____ Rate of Pay _____

1st Interview Date: Position _____ Year _____ Rate of Pay _____

Position _____ Year _____ Rate of Pay _____

2nd Interview Date: _____

Department Head Signature _____ Date _____

Interviewer's initials _____

City Administrator Signature _____ Date _____

City of Arnold
2101 Jeffco Blvd.
Arnold, Missouri 63010
636-282-2383

CERTIFICATE OF APPLICANT
BACKGROUND CHECK

I, _____, hereby authorize all law enforcement agencies and schools and universities to furnish the holder of this release with any and all information regarding me in order to determine my suitability for the position of employment with the City of Arnold.

I authorize the holder of this release to make inquiries of my present and past employers. I further authorize the release of any and all information regarding my employment to the holder of this release.

Have you worked under any different names? _____ If yes, explain below.

A photocopy of this authorization will be considered as effective and valid as the original.

Signature of Applicant

Date

Social Security Number

Date of Birth

Department Employing Applicant _____

Position: _____