

City of St. Robert  
 194 Eastlawn Ave, Suite A  
 St. Robert, MO 65584

www.saintrobert.com

# CITY OF ST. ROBERT

## APPLICATION FOR EMPLOYMENT

*The City of St. Robert is an equal opportunity employer*

(Print using black ink ONLY)

PERSONAL			
Name _____			
(Last)	(First)	(Middle)	
Address _____			
(Street)	(city)	(State)	(Zip Code)
Telephone _____		Social Security Number _____	
(Area Code)			
Driver's License Number _____		State _____	Expiration Date _____
Have you ever been convicted of a felony in the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain Felony _____			
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No _____			

JOB INTERESTS/SKILLS	
Position(s) applied for _____	Salary Desired _____
Have you applied for a position here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____	
Type of employment requested <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Date you could begin working _____	Typing Speed (WPM) _____
Summarize any other special skills or qualifications _____ _____ _____	

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
P.O.S.T PROVIDER OR POLICE ACADEMY						

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)			
1. Name of Employer _____			
Address _____			
(Street)	(city)	(State)	(Zip Code)
Supervisor and Title _____		Your Title _____	
Employed From _____		TO _____	
Starting Salary _____		Ending Salary _____	
Work Performed _____			
Reason for leaving _____			
2. Name of Employer _____			
Address _____			
(Street)	(city)	(state)	(Zip Code)
Supervisor and Title _____		Your Title _____	
Employed From _____		To _____	
Starting Salary _____		Ending Salary _____	
Work Performed _____			
Reason for leaving _____			
3. Name of Employer _____			
Address _____			
(Street)	(City)	(State)	(Zip Code)
Supervisor and Title _____		Your Title _____	
Employed From _____		To _____	
Starting Salary _____		Ending Salary _____	
Work Performed _____			
Reason for leaving _____			

REFERENCES			
Name	Relationship	Home Phone	Daytime Phone

ACKNOWLEDGEMENT	
<p>I certify that the answers given by me in this application are correct to the best of my knowledge and belief. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the City of St. Robert to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that my result from information collected by the City of Saint Robert. Verification of eligibility to work in the United States must be satisfied for an offer to be made. I further acknowledge that by applying for employment with the City of St. Robert, I consent to a criminal background check of my person at the city's expense, and that city officials will review the information received to make a final determination on my employment.</p>	
Applicant's Signature _____	Date _____