



City of Weldon Spring, Missouri ~ Application Form

**5401 Independence Road
Weldon Spring, MO 63304**

Website: www.weldonspring.org

Phone: (636) 441-2110

Fax: (636) 441-8495

Instructions: Fill in all necessary information. You may provide additional information on additional sheets of paper or add space to this form. The City only accepts and retains for a period of one year applications for positions it is attempting to fill. Please print or type.

First Name ----- _____ Middle _____ Last Name _____

Social Security # _____ Phone () _____

Address _____ City/State/ZIP _____

Primary email address: _____

Position applying for: _____

Special training or skills (language, equipment/software operation, etc.) that would benefit the job for which you are applying: _____

Have you ever been convicted of a felony? Yes ___ No ___ If yes please explain: _____

Are you available to work full-time work? Yes ___ No ___

Would you accept part-time work? Yes ___ No ___

On what date would you be available for work? _____

Have ever been employed here before? Yes ___ No ___ Dates _____

Do you have a legal right to be employed in the U.S.? Yes ____ No ____ (If yes, proof is required)

Are you of legal age to work? Yes ____ No ____

Educational Background

High School/GED:

Name and location _____

Course of study _____ Did you graduate? Yes ____ No ____

Degree or diploma _____ Date _____

Associate/Undergraduate College/University:

Name and location _____

Course of study _____ Did you graduate? Yes ____ No ____

Degree or diploma _____ Date _____

Graduate College/University:

Name and location _____

Course of study _____ Did you graduate? Yes ____ No ____

Degree or diploma _____ Date _____

Vocational Training - other:

Name and location _____

Course of study _____ Did you graduate? Yes ____ No ____

Degree or diploma _____ Date _____

Continuing Education: _____

Current/Previous Employers and Addresses Place an 'X' by the employer(s) name you do not want us to contact. List the most recent employer first.

1. Company Name _____ Phone () _____

Contact Name _____ Employed from _____ To _____

Address _____ City _____ State/ZIP _____

Position _____ Reason for leaving _____ Last wage _____

2. Company Name _____ Phone () _____
Contact Name _____ Employed from _____ To _____
Address _____ City _____ State/ZIP _____
Position _____ Reason for leaving _____ Last wage _____

3. Company Name _____ Phone () _____
Contact Name _____ Employed from _____ To _____
Address _____ City _____ State/ZIP _____
Position _____ Reason for leaving _____ Last wage _____

References List three non-related references.

1. Name _____ Phone () _____
Address _____ City _____ State/ZIP _____
2. Name _____ Phone () _____
Address _____ City _____ State/ZIP _____
3. Name _____ Phone () _____
Address _____ City _____ State/ZIP _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I FURTHER ACKNOWLEDGE AND GIVE PERMISSION TO THE CITY TO VERIFY ANY PERSONAL INFORMATION AND TO CONDUCT A DRUG TEST AND BACKGROUND CHECK INCLUDING AND NOT LIMITED TO CRIMINAL.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE CITY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE CITY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE CITY. I UNDERSTAND THAT NO CITY REPRESENTATIVE, OTHER THAN IT'S MAYOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE MAYOR AND APPROVED BY THE BOARD OF ALDERMEN, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature _____ Date _____