



**City of Weldon Spring, Missouri ~ Application Form**

5401 Independence Road Weldon Spring, MO 63304

Website: [www.weldonspring.org](http://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.

**Applicant Information**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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? Dates: \_\_\_\_\_

Have ever been employed here before? (Yes/No) \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

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: \_\_\_\_\_ City: \_\_\_\_\_

Course of study: \_\_\_\_\_

Did you graduate? (Yes/No) \_\_\_\_\_ Degree or diploma: \_\_\_\_\_ Date: \_\_\_\_\_

**Associate/Undergraduate College/University:**

Name: \_\_\_\_\_ City: \_\_\_\_\_

Course of study: \_\_\_\_\_

Did you graduate? (Yes/No) \_\_\_\_\_ Degree or diploma: \_\_\_\_\_ Date: \_\_\_\_\_

**Graduate College/University:**

Name: \_\_\_\_\_ City: \_\_\_\_\_

Course of study: \_\_\_\_\_

Did you graduate? (Yes/No) \_\_\_\_\_ Degree or diploma: \_\_\_\_\_ Date: \_\_\_\_\_

**Vocational Training - other:**

Name: \_\_\_\_\_ City: \_\_\_\_\_

Course of study: \_\_\_\_\_

Did you graduate? (Yes/No) \_\_\_\_\_ Degree or diploma: \_\_\_\_\_ Date: \_\_\_\_\_

**Continuing Education:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

List the most recent employer first.

1. Company Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_ Last wage: \_\_\_\_\_  
May we contact this employer? (Yes/No) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Company Phone: \_\_\_\_\_  
Company Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Your Position: \_\_\_\_\_
2. Company Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_ Last wage: \_\_\_\_\_  
May we contact this employer? (Yes/No) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Company Phone: \_\_\_\_\_  
Company Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Your Position: \_\_\_\_\_
3. Company Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_ Last wage: \_\_\_\_\_  
May we contact this employer? (Yes/No) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Company Phone: \_\_\_\_\_  
Company Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Your Position: \_\_\_\_\_

## References

List three non-related references.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Company Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Company Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Company 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 ITS 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.

**THE CITY OF WELDON SPRING IS AN EQUAL OPPORTUNITY EMPLOYER.**

THE CITY IS COMMITTED TO DIVERSITY AND INCLUSION IN THE WORKPLACE. WE PROHIBIT DISCRIMINATION AND HARASSMENT OF ANY KIND BASED ON RACE, COLOR, SEX, RELIGION, SEXUAL ORIENTATION, NATIONAL ORIGIN, DISABILITY, GENETIC INFORMATION, PREGNANCY, OR ANY OTHER PROTECTED CHARACTERISTIC AS OUTLINED BY FEDERAL, STATE, OR LOCAL LAWS.

THIS POLICY APPLIES TO ALL EMPLOYMENT PRACTICES WITHIN OUR ORGANIZATION, INCLUDING HIRING, RECRUITING, PROMOTION, TERMINATION, LAYOFF, RECALL, LEAVE OF ABSENCE, COMPENSATION, BENEFITS, TRAINING, AND APPRENTICESHIP. THE CITY OF WELDON SPRING MAKES HIRING DECISIONS BASED SOLELY ON QUALIFICATIONS, MERIT, AND BUSINESS NEEDS AT THE TIME.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_