The City of St. Joseph Missouri

www.stjoemo.info • Channel 19 • (816) 279-4YOU

An Equal Opportunity Employer

Application for Employment

This is your application for a position with the City of St. Joseph. Please prepare it accurately and neatly. Failure to supply requested information may result in the rejection of your application. Attach additional sheets if necessary.

Qualified applicants are considered for employment without regard to race, color, religion, national origin, sex, age, or disability. The City is a governmental entity subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, which require that otherwise qualified individuals with disabilities be protected from discrimination.

Return Application to: Human Resources • City Hall, Room 403
1100 Frederick Avenue • St. Joseph, MO 64501

Answer all questions. Please print in ink or type answers to avoid disqualification. Applications ONLY accepted for posted positions.

Today's date: _____ Position you are applying for: _____

Name (Last, First, Middle): _____

Address: _____ City: _____ State: _____ Zip: _____

Primary telephone: _____ Alternate telephone: _____

Are you at least 18 years of age? ❑yes ❑no Are you legally eligible to work in the United States? ❑yes ❑ no

Do you have a valid driver's license? ❑yes ❑no Class _____ State _____

Do you have a valid commercial driver's license (CDL)? ❑yes ❑no Class_____ Endorsements _____

Have you previously been an employee of the City of St. Joseph? ❑yes ❑no (If yes, please list dates)_____

Please list name/relationship of any present City employees to whom you are related by birth or marriage: (If none, check here: ❑)

Name(s): _____ Relationship(s): _____

Are you available to work: ❑full-time ❑part-time ❑temporary ❑shift? _____

List acceptable wage/salary range: _____

Are you currently employed? ❑yes ❑no If yes, may we contact your present employer? ❑yes ❑no

Can you type? ❑yes ❑no Estimated WPM: _____

List any office machines or special equipment you can operate (such as PC's, 10-key calculators, etc):

_____

Please note any special skills and qualifications acquired from employment or other experience:

_____

Have you been convicted of a felony, or plead nolo contendere (no contest) to a felony; or plead guilty to a felony within the last seven years? (NOTE: a "yes" response does not automatically disqualify an applicant from employment.) ❑yes ❑no

If your answer is "yes," please explain: _____

Do you believe you are able to perform the tasks and duties listed in the vacancy announcement for this position, with or without reasonable accommodation? ❑yes ❑no If the answer is "no", please explain _____

_____

(NOTE: The City may require an applicant to demonstrate their ability to perform the essential functions of the position for which they are being considered.)

Education

High School/GED name: _____ location: _____

Number of years completed: _____ HS Diploma: ❑ yes ❑ no **or** GED: ❑ yes ❑ no

Undergraduate College/University name: _____ location: _____

Number of years completed: _____ Diploma/Degree: _____

Graduate/Professional name: _____ location: _____

Number of years completed: _____ Diploma/Degree: _____

Technical/Trade School name: _____ location: _____

Number of years completed: _____ Certificate/Degree: _____

(NOTE: You may attach a description of any honors earned, specialized training, apprenticeships, skills or additional educational or training information which you believe will be helpful to us in considering your application.)

References

Give name, address and telephone number of three references who are NOT related to you and are not previous employers:

1._____

2._____

3._____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, national origin, disability or other protected status.

1. Employer: _____ Dates employed: from _____ to _____

Address: _____ Telephone number(s): _____

City: _____ State: _____ Zip: _____

Your Job Title: _____ Supervisor's name: _____

Hourly Rate/Salary: Starting $_____ Final $_____ Reason for leaving: _____

Duties Performed: _____

2. Employer: _____ Dates employed: from _____ to _____

Address: _____ Telephone number(s): _____

City: _____ State: _____ Zip: _____

Your Job Title: _____ Supervisor's name: _____

Hourly Rate/Salary: Starting $_____ Final $_____ Reason for leaving: _____

Duties Performed: _____

3. Employer: _____ Dates employed: from _____ to _____

Address: _____ Telephone number(s): _____

City: _____ State: _____ Zip: _____

Your Job Title: _____ Supervisor's name: _____

Hourly Rate/Salary: Starting $_____ Final $_____ Reason for leaving: _____

Duties Performed: _____

4. Employer: _____ Dates employed: from _____ to _____

Address: _____ Telephone number(s): _____

City: _____ State: _____ Zip: _____

Your Job Title: _____ Supervisor's name: _____

Hourly Rate/Salary: Starting $_____ Final $_____ Reason for leaving: _____

Duties Performed: _____

Applicants

I hereby authorize the City of St. Joseph, Missouri to obtain verification of the information provided on this application by interviewing former employers and to conduct any other interviews that it deems appropriate (or I authorize all persons, law enforcement and other public agencies, courts, schools, employers, companies and corporations, to supply verification of the information provided on this application, as well as my evaluation of my prior performance) and I release them and the City from all liability and responsibility arising from their doing so.

I understand that misrepresentation or omission of facts asked for in this application is cause for cancellation of the application and/or separation from employment with the City. If I am employed, I further understand and agree that when my employment is terminated by retirement or otherwise, I must return all City property in my custody before I am entitled to final payment of any amounts due me on separation. My signature below attests to the truthfulness and accuracy of the information provided.

Signature _____ Date _____

NOTE: All applications will be kept on file for two years, then destroyed. Applications on file are not automatically reviewed for future vacancies. In order to be considered for future advertised positions, an applicant will need to advise the City Human Resources Department at 816-271-4670 of their interest in such position(s). EOE

Thank you for your interest in employment with the City of St. Joseph.

Equal Employment Opportunity Questionnaire

The City of St. Joseph takes pride in being an Equal Opportunity/Affirmative Action employer and, as such, we are required to maintain certain information for Affirmative Action record-keeping purposes. Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin or age. This policy also extends to persons who are disabled as defined in the Americans With Disabilities Act of 1990.

So that we can comply with Federal/State equal employment opportunity record-keeping, reporting and other legal requirements, we ask you to answer the questions below. Your participation is voluntary and this questionnaire will be kept in a **CONFIDENTIAL** file which is separate from the Application for Employment. **This information will in no way affect your possibilities of obtaining employment.**

The City of St. Joseph Missouri

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(Answer All Questions - Please Print)

Today's Date: _____

Name: _____
(Last) (First) (M.I.)

Gender: ❑Female ❑Male

Race/Ethnic Group: ❑White ❑American Indian/Alaskan Native ❑Hispanic ❑Asian/Pacific Islander ❑Black

Birthdate: _____

Age: _____

Position Applied For: _____

How were you referred to the City of St. Joseph? Check one and give the name of person, organization, newspaper, etc.

❑Walk-in ❑School/College ❑Ad
❑Referral Agency ❑Employee Referral ❑Other

Please Specify Source: _____