

DEPARTMENT OF PERSONNEL ADMINISTRATIVE REGULATION NO. 97
EMPLOYEE SECONDARY EMPLOYMENT QUESTIONNAIRE - Side 2

1. Are you currently employed in a job other than the one listed above?

No Yes. If yes, complete the following:

NAME AND ADDRESS OF EMPLOYER(S): _____
POSITION: _____
WORK HOURS: _____ WORK DAYS: _____

2. Do you have a personal interest, directly or indirectly, in a contract with the City of St. Louis including any agency, division or department of the City of St. Louis?

No Yes. If yes, complete the following:

TYPE OF INTEREST: _____
(e.g. contractor, employee of contractor, stockholder, officer or director of contractor, subcontractor)

NAME AND ADDRESS OF CONTRACTOR(S): _____
NATURE OF BUSINESS: _____
LIST CONTRACTS THIS BUSINESS HAS WITH THE CITY OF ST. LOUIS: _____

3. Do you have an interest in any business?

No Yes. If yes, complete the following:

TYPE OF INTEREST: _____
(e.g. owner; employee, partner, stockholder, officer, director)

NAME AND ADDRESS OF BUSINESS: _____
NATURE OF BUSINESS: _____

I certify that all the information contained on this form is complete and accurate. I am aware that any misstatement or omission of information provided on this form may subject me to discipline up to and including dismissal. I am also aware that I am required to immediately complete a new questionnaire upon changes in any of the above information. I am further aware that all secondary employment must be approved by my Appointing Authority.

Signed: _____
Signature of Employee

APPROVED: _____
Appointing Authority

Date signed by Employee: _____

Date signed by Appointing Authority: _____