



CITY OF SAINT LOUIS  
**EMPLOYMENT APPLICATION**  
 DEPARTMENT OF PERSONNEL

THE CITY OF ST. LOUIS DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGION, AGE, DISABILITY, SEX OR SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, GENETIC INFORMATION, MARITAL STATUS OR RETALIATION

THE CITY OF SAINT LOUIS IS AN EQUAL OPPORTUNITY EMPLOYER

**GENERAL INSTRUCTIONS:**

- A.** Print clearly or typewrite information.      **B.** A separate application must be filed for each position in which you are interested.
- C.** Notify the Department of Personnel of any change in your mailing address.
- D.** Give complete answers to all questions. You must be able to substantiate any statement made on this form.
- E.** Return completed application to the City of St. Louis, Department of Personnel, 1114 Market Street, Room 700, St. Louis, MO 63101.
- F.** You may also file applications electronically. Visit the City web site at <http://stlouis-mo.gov>

1. EXACT TITLE of Position for which you are applying.  
 (See examination announcement)

2. LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
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3. ADDRESS NUMBER	STREET	CITY	STATE	ZIP CODE
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E-MAIL	ALTERNATE E-MAIL
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4. DATE OF BIRTH / /	5. TELEPHONE NUMBER ( )	SECONDARY TELEPHONE NUMBER ( )
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6. Have you ever been employed by the City of St. Louis in either a Civil Service position or a federally funded program?  Yes  No  
 If yes, please be sure to list the employment under EMPLOYMENT HISTORY (page 2).

7. Are you a City of St. Louis resident or are you willing to move into the City within 120 days of completion of the initial working test period?  Yes  No

Applicants for positions which require residency in the City of St. Louis will not be examined unless they are willing to move into the City within the allotted time. See examination announcement for additional information regarding the residency requirement.

8. Do you have any physical or mental impairment which will require an accommodation in the examining process?  Yes  No  
 If yes, explain under "REMARKS" (page 4).

9. Have you ever been convicted, found guilty or pleaded guilty to a crime in a civil, criminal or military court, or have you ever been fined, placed on probation or have you ever forfeited collateral for breach or violation of any law, ordinance or police or traffic regulation or do you now have any charges pending against you?  Yes  No  
 If yes, list such cases under "REMARKS" (page 4) and in each case give (1) the date, court and location (2) the nature of the offense or violation (3) the penalty imposed, if any, or other disposition of the case. A conviction does not automatically eliminate you from City employment. The nature of the crime and the type of job for which you are applying will be considered in reviewing your answer. Applicants for positions requiring driving as a part of the job will be required to list all offenses, including minor traffic offenses.

10. Are you a citizen of the United States?  Yes  No      If no, do you have permanent resident status?  Yes  No  
**Proof of permanent resident status will be required.**

11. Have you ever served in the armed forces?  Yes  No      If yes, complete the following:  
 Branch of service (check):  Army  Coast Guard  Marine Corps  Navy  Air Force  
 Dates of service: Entered \_\_\_\_\_ Discharged \_\_\_\_\_ Type of discharge \_\_\_\_\_

12. If you are applying for a position which requires a professional license, certificate, or registration, including driver's license, complete the following:  
 What kind of license or certificate do you have? \_\_\_\_\_ Number \_\_\_\_\_  
 Where Issued \_\_\_\_\_ Class of license \_\_\_\_\_ Expiration date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

FOR OFFICE USE ONLY	EXAM No.	AC./INC.	ACC.	REJ.	REMARKS

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
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13. Do you have any objections to having your present employer contacted regarding your qualifications?  Yes  No

14. Availability.

A. Are you willing to accept employment at the following locations? Downtown  Yes  No  
 Airport  Yes  No

B. Are you willing to work the following shifts? Day Shift:  Yes  No Evening Shift:  Yes  No  
 Night Shift:  Yes  No Rotating Shift:  Yes  No Part-time:  Yes  No Weekends:  Yes  No

Not all positions require shift work.

15. EMPLOYMENT HISTORY

A. PLEASE BE COMPLETE. You can be credited only with the education and experience shown on this application and any supplementary form.

B. Start with your present employment (or if unemployed, your most recent employment) and list your employment record.

C. If you held more than one job for the same employer, list each job as a separate period of employment.

NOTE: This section of the application must be complete even though the applicant may elect to attach additional material, e.g., resume, vita or addendum. An incomplete application may result in the application being rejected or delayed, which could result in a lost job opportunity. Therefore, please check to insure that each item has been completed.

<b>Present or Most Recent Employment</b>	Job Title _____	Number and Title of Employees you supervised, if any _____
Date employed _____ Mo. Yr.	Name and Address of Employer _____	Reason for Leaving (check one): ____ Resignation ____ Layoff ____ Dismissed/Terminated (explain) _____
Date separated _____ Mo. Yr.	Phone Number ( ) _____	_____ Other (Explain)
Number of hours worked per week _____	Kind of business _____	_____
Total length of time employed _____ Yrs. Mos.	Name and title of supervisor _____	_____
Salary Starting _____ Final _____	_____	_____

**Description of duties:** Describe your duties and responsibilities in detail, (including equipment, materials and tools used, if any).

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<b>Next Most Recent Employment</b>	Job Title _____	Number and Title of Employees you supervised, if any _____
Date employed _____ Mo. Yr.	Name and Address of Employer _____	Reason for Leaving (check one): ____ Resignation ____ Layoff ____ Dismissed/Terminated (explain) _____
Date separated _____ Mo. Yr.	Phone Number ( ) _____	_____ Other (Explain)
Number of hours worked per week _____	Kind of business _____	_____
Total length of time employed _____ Yrs. Mos.	Name and title of supervisor _____	_____
Salary Starting _____ Final _____	_____	_____

**Description of duties:** Describe your duties and responsibilities in detail, (including equipment, materials and tools used, if any).

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<p><b>Next Most Recent Employment</b></p> <p>Date employed _____ Mo. Yr.</p> <p>Date separated _____ Mo. Yr.</p> <p>Number of hours worked per week _____</p> <p>Total length of time employed _____ Yrs. Mos.</p> <p>Salary Starting _____ Final _____</p>	<p>Job Title _____</p> <p>Name and Address of Employer _____</p> <p>Phone Number ( ) _____</p> <p>Kind of business _____</p> <p>Name and title of supervisor _____</p>	<p>Number and Title of Employees you supervised, if any _____</p> <p>Reason for Leaving (check one):  <input type="checkbox"/> Resignation  <input type="checkbox"/> Layoff  <input type="checkbox"/> Dismissed/Terminated (explain)  <input type="checkbox"/> Other (Explain)</p>
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**Description of duties:** Describe your duties and responsibilities in detail, (including equipment, materials and tools used, if any).

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<p><b>Next Most Recent Employment</b></p> <p>Date employed _____ Mo. Yr.</p> <p>Date separated _____ Mo. Yr.</p> <p>Number of hours worked per week _____</p> <p>Total length of time employed _____ Yrs. Mos.</p> <p>Salary Starting _____ Final _____</p>	<p>Job Title _____</p> <p>Name and Address of Employer _____</p> <p>Phone Number ( ) _____</p> <p>Kind of business _____</p> <p>Name and title of supervisor _____</p>	<p>Number and Title of Employees you supervised, if any _____</p> <p>Reason for Leaving (check one):  <input type="checkbox"/> Resignation  <input type="checkbox"/> Layoff  <input type="checkbox"/> Dismissed/Terminated (explain)  <input type="checkbox"/> Other (Explain)</p>
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**Description of duties:** Describe your duties and responsibilities in detail, (including equipment, materials and tools used, if any).

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**Description of duties:** Describe your duties and responsibilities in detail, (including equipment, materials and tools used, if any).

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**HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY POSITION OTHER THAN THOSE LISTED ABOVE?**  Yes  No If the answer is yes, please explain under REMARKS (page 4).

If more space is needed to adequately describe your experience, attach additional full sheets with your name and position title on each sheet using the same format as above.

16. **EDUCATIONAL/TRAINING HISTORY**

**Give your complete educational history below.** If there is an educational requirement on the examination announcement, proof of the education must be submitted at the time requested.

High School (Circle last grade completed): 1 2 3 4 Did you graduate?  Yes  No Year \_\_\_\_\_

Name of high school \_\_\_\_\_ Date of attendance From \_\_\_\_\_ To \_\_\_\_\_

Location of high school \_\_\_\_\_

High School Equivalence Certificate (G.E.D.)?  Yes  No Year \_\_\_\_\_

**College and University** (undergraduate, graduate, professional)

NAME and LOCATION	FROM		TO		TOTAL SEMESTER HOURS	MAJOR	DEGREE and DATE RECEIVED
	Mo	Yr	Mo	Yr			

Indicate the number of semester hours of college credit you have in each of the subject matter areas which are most related to this position.

SUBJECT	HOURS	SUBJECT	HOURS	SUBJECT	HOURS

**Special education/training** (business, trade, service schools, internships, residencies, etc.)

NAME and LOCATION	FROM		TO		Check✓		LIST SUBJECTS AND HOURS COMPLETED	DATE GRADUATED
	Mo	Yr	Mo	Yr	FULL TIME	PART TIME		

17. Do you read/write/speak fluently any languages other than English?  Yes  No  
If yes, please identify which language(s) \_\_\_\_\_

18. **REMARKS**

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*If more space is needed attach additional full sheets with your name and position title listed on each sheet.*

**AUTHORIZATION FOR RELEASE:** I hereby authorize the City of St. Louis to make such investigations and inquiries as to my character, employment record and conviction record, medical history and/or matters as may be deemed necessary in arriving at an employment decision. I hereby release employers, schools, law enforcement agencies and persons from all liability for any damage whatsoever that may ensue from furnishing the same to the City of St. Louis.

**CERTIFICATE OF APPLICANT: (Read carefully before signing.)**

I certify that all answers and statements herein contained are true to the best of my knowledge and belief. I understand that any misstatement or omission of material fact will subject me to disqualification or dismissal. I approve the above authorization for release. Before signing please check to insure that all questions have been answered in a thorough manner. Remember, an incomplete application may result in the application being rejected or delayed, which could result in a lost job opportunity.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**APPLICATIONS NOT SIGNED WILL NOT BE ACCEPTED.**