



CITY OF SAINT LOUIS

EMPLOYMENT APPLICATION

RECORDER OF DEEDS & VITAL RECORDS REGISTRAR

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:

Print clearly or typewrite information.

Give complete answers to all questions. You must be able to substantiate any statement made on this form.

Return completed application to Recorder of Deeds & Vital Records Registrar
1200 Market - City Hall, Room 126
St. Louis MO 63103

1. EXACT TITLE of Position for which you are applying.

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? 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 60 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.

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. 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.

10. 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 _____

11. 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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12. Do you have any objections to having your present employer contacted regarding your qualifications? Yes No

13. Availability.

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.

14. 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.

Present or Most Recent Employment	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): <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> 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).

Next Most Recent Employment	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): <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> 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).

Next Most Recent Employment

Date employed _____
Mo. Yr.
Date separated _____
Mo. Yr.
Number of hours worked per week _____
Total length of time employed _____
Yrs. Mos.
Salary Starting _____ Final _____

Job Title _____
Name and Address of Employer _____
Phone Number () _____
Kind of business _____
Name and title of supervisor _____

Number and Title of Employees you supervised, if any _____
Reason for Leaving (check one):
____ Resignation
____ Layoff
____ Dismissed/Terminated (explain)
____ Other (Explain)

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

Next Most Recent Employment

Date employed _____
Mo. Yr.
Date separated _____
Mo. Yr.
Number of hours worked per week _____
Total length of time employed _____
Yrs. Mos.
Salary Starting _____ Final _____

Job Title _____
Name and Address of Employer _____
Phone Number () _____
Kind of business _____
Name and title of supervisor _____

Number and Title of Employees you supervised, if any _____
Reason for Leaving (check one):
____ Resignation
____ Layoff
____ Dismissed/Terminated (explain)
____ Other (Explain)

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

Next Most Recent Employment

Date employed _____
Mo. Yr.
Date separated _____
Mo. Yr.
Number of hours worked per week _____
Total length of time employed _____
Yrs. Mos.
Salary Starting _____ Final _____

Job Title _____
Name and Address of Employer _____
Phone Number () _____
Kind of business _____
Name and title of supervisor _____

Number and Title of Employees you supervised, if any _____
Reason for Leaving (check one):
____ Resignation
____ Layoff
____ Dismissed/Terminated (explain)
____ Other (Explain)

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

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.

15. **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		

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

17. **REMARKS**

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 Recorder of Deeds 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 Recorder of Deeds.

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.