



City of
SAINT ROBERT
Missouri

194 Eastlawn Avenue, Suite A
Saint Robert, Missouri 65584
573-451-2000 (Phone)
573-336-5714 (Fax)
www.saintrobert.com

Employment Application

APPLICANT INFORMATION

Position Applying For: _____ Date Available: _____

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

Home Phone: () _____ Cell: () _____ SSN: _____ - _____ - _____

Address: _____
Street City State Zip Code

Email Address: _____

Driver's License Number: _____ State: _____ Exp. Date: _____

1. Have you ever been convicted of a felony? **YES NO** If yes, when? _____
Explain nature of conviction(s): _____
2. Are you a citizen of the United States? **YES NO**
3. If under the age of 18, please list your age: _____
4. Date available to start employment: _____

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, and on your accompanying resume.

1. Name of Employer: _____ Dates: _____
Start End
Address: _____
Street City State Zip Code
Supervisor Name: _____ Phone: () _____
Your Job Title: _____ Starting Salary: _____ Ending Salary: _____ Type of work performed: _____

Reason for Leaving: _____



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SPECIALIZED SKILLS AND QUALIFICATIONS

1. Your qualifications and/or specialized skills e.g. licenses, training and experience:

2. Computer software application and additional skills:

3. Licenses and/or certifications you possess:

4. Additional skills that you feel are important to bring to the employers attention:

5. Typing Speed: _____ Words per minute.

REFERENCES

Attach three professional references that are not friends, relatives or former supervisor, include Name, Daytime Phone Number, Relationship, and Years Known.

ACKNOWLEDGEMENT

I certify that the answers given by me in this application for employment are correct to the best of my knowledge and belief. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired.

I authorize the City of St. Robert to contact any and all of the references I have attached to obtain previous employment information or any other pertinent information that they may have. Further, I release the attached references from any and all liability for any damages that may result from information collected by the City of St. Robert. Verification of eligibility to work in the United States must be satisfied within three days of employment.

I further acknowledge that by applying for employment with the City of St. Robert, I consent to a criminal background check of my person and that City officials will review the information received to make final determination on my employment. I further acknowledge that as a condition of employment I may be required to have a drug test, at the city's cost, and will be required to supply proof of authorization to work in the United States.

I understand that, if I am hired, the job description for which I am applying is an "at-will" position and does not constitute a written or implied contract of employment with the City of St. Robert.

Signature of Applicant

Date Acknowledged