

# City of University City

## Application for Employment

City of University City 6801 Delmar Blvd. University City, MO 63130  
 Ph. 314-862-6767 Fax -314-863-0921 [www.ucitymo.org](http://www.ucitymo.org)

Please complete all questions to be considered for employment.

Candidates must complete an application for each position for which they wish to be considered.

|                 |                                     |
|-----------------|-------------------------------------|
| Name            | Date of Application                 |
| Present Address | City, State, ZIP                    |
| Primary Phone   | Alternate Phone                     |
| Email           | Specific Position to which Applying |

To the best of your knowledge, would you be able to perform all the essential functions of this position with or without reasonable accommodations?     Yes     No

*Applicants requiring disability related accommodations for interviews should request them in advance.*

**AVAILABILITY**

|                     |                 |                |
|---------------------|-----------------|----------------|
| Work Days Available | Hours Available | Date Available |
|---------------------|-----------------|----------------|

Will you work overtime if needed?     Yes     No

Have you applied for employment with the City previously?     Yes     No    Date/Position \_\_\_\_\_

Have you ever been employed by the City?     Yes     No    If yes, when and reason for leaving?

Do you have relatives employed by the City?     Yes     No

If yes, name and relationship. \_\_\_\_\_

Would you be engaged in any other business while in our employment?     Yes     No

If yes, in what capacity? \_\_\_\_\_

Are you authorized to work in the United States? \*     Yes     No

Have you ever been convicted, pleaded guilty, or pleaded "No Contest" to a felony?     Yes     No

If yes, please explain: \_\_\_\_\_

Have you ever been discharged or asked to resign by a former employer?     Yes     No

If yes, please explain: \_\_\_\_\_

Have you ever been disciplined for tardiness or absenteeism by a former employer?     Yes     No

If yes, please explain: \_\_\_\_\_

*Conviction of a crime will not necessarily disqualify an applicant from employment with the City of University City.*

*\*The City of University City hires only United States citizens and lawfully authorized alien workers. Proof of citizenship or immigration status is required for employment. Any applicant who cannot present documentation for employment eligibility and identity cannot be hired.*

## HISTORY OF EMPLOYMENT

List all positions held within the last fifteen years (including temporary, regular, and part-time) in date order, with the most recent position listed first. Include any verifiable work experience you may have performed on a volunteer basis and military service, if applicable. **NOTE:** Please fill in all blanks. It is acceptable to write "See Resume" in the block for "brief job description" only. Failure to complete the application in full could result in not being considered for employment.

May we contact your current employer?       Yes     No

### ***MOST RECENT EMPLOYER***

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Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Brief Job Description \_\_\_\_\_

Number of employees supervised \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Indicate if position was:     Full-Time     Part Time     Temporary     Seasonal

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Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Brief Job Description \_\_\_\_\_

Number of employees supervised \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Indicate if position was:     Full-Time     Part Time     Temporary     Seasonal

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Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Brief Job Description \_\_\_\_\_

Number of employees supervised \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Indicate if position was:     Full-Time     Part Time     Temporary     Seasonal

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*\*If more space is required, attach full sheet and note your name and the position title to which applying on each sheet.*

If you were employed under a different name in any of these positions, please provide name and company.

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Are you a Veteran of the U.S. Military Service  Yes  No Branch \_\_\_\_\_

Do you possess a valid driver's or chauffeur's license in the State of Missouri?  Yes  No

License number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Drivers' License Class \_\_\_\_\_ Endorsements \_\_\_\_\_

Does your license have any restrictions?  Yes  No If so, What? \_\_\_\_\_

### EDUCATIONAL BACKGROUND

|                               | <i>Elementary</i> | <i>High School</i> | <i>College/University</i> | <i>Graduate/<br/>Professional</i> |
|-------------------------------|-------------------|--------------------|---------------------------|-----------------------------------|
| <i>School Name</i>            |                   |                    |                           |                                   |
| <i>Yrs Completed (Circle)</i> | 4 5 6 7 8         | 9 10 11 12         | 1 2 3 4                   | 1 2 3 4                           |
| <i>Diploma/Degree</i>         | N/A               |                    |                           |                                   |
| <i>Course of Study</i>        | N/A               |                    |                           |                                   |
| <i>TOTAL CREDIT HOURS</i>     | N/A               |                    |                           |                                   |

Other training, education, certifications or apprenticeships: \_\_\_\_\_

Indicate languages you speak, read and/or write in the boxes below by inserting the name of each language under the appropriate assessment of your skill level:

|              | <i>FAIR</i> | <i>GOOD</i> | <i>FLUENT</i> |
|--------------|-------------|-------------|---------------|
| <i>SPEAK</i> |             |             |               |
| <i>READ</i>  |             |             |               |
| <i>WRITE</i> |             |             |               |

Do you participate in any professional, trade, business and/or civic activities or organizations?  Yes  No

If so, please list the organizations and any offices held \_\_\_\_\_

List three (3) persons we may contact concerning your professional abilities and experiences – please do not include relatives unless they were your employers.

| <i>NAME</i> | <i>POSITION</i> | <i>COMPANY/ ADDRESS</i> | <i>TELEPHONE#</i> |
|-------------|-----------------|-------------------------|-------------------|
|             |                 |                         |                   |
|             |                 |                         |                   |
|             |                 |                         |                   |

How did you learn of this job with the City of University City?  City Website  Newspaper  
 Ad  Job Board  Current/Former City Employee  Friend  Other \_\_\_\_\_

### CERTIFICATION AND ACKNOWLEDGEMENT OF UNDERSTANDING

*Please read carefully before signing.*

It is understood that the submission and consideration of this application is not an obligation on behalf of the City of University City to provide employment.

If employed by the City of University City, I understand and agree that such employment is subject to all City policies and procedures.

I hereby authorize the City of University City to investigate the information contained herein, and I hereby release all references, previous employers and educational institutions from damages resulting from providing such information.

I understand that the City of University City has adopted a Drug-Free Workplace/Workforce policy, and that, if employed, I will be subject to said policy's terms. I understand and agree that I may be required to submit to alcohol and/or drug testing either before or during employment at a facility or clinic selected and paid for by the City of University City and that should such test results show the presence of controlled substances or alcohol in violation of our policy, and/or illegal drug use, employment with the City of University City may be denied or terminated.

I agree to provide my eligibility to work as required by The Immigration Reform and Control Act of 1986. University City participates in E-Verify.

I understand this employment application and any other City documents are not contracts of employment, and that if hired I may voluntarily leave employment and may be terminated by the City at any time for any reason permissible by law.

I certify that any and all information contained in this application and the accompanying resume is correct and complete to the best of my knowledge and belief. I understand that providing false information is cause for rejection of this application or discharge if discovered after employment.

I agree and I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

**THE CITY OF UNIVERSITY CITY IS AN EQUAL OPPORTUNITY EMPLOYER.** It is the policy of the City that all applicants for employment shall be given fair and equal consideration, regardless of race, religion, color, gender, age, sexual orientation, disability, veteran status or national origin, *except that minimum age limits imposed by law are to be observed.* If selected for employment a prospective employee must provide satisfactory references for the City and meet our applicable pre-employment qualifications.

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| <b>For Office Use Only</b><br>File/Log Number _____ |
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