



# CITY OF WOODSON TERRACE

4323 WOODSON ROAD  
WOODSON TERRACE, MO 63134  
PH (314) 427 - 2600  
FAX (314) 427 - 0571

## EMPLOYMENT APPLICATION

The City of Woodson Terrace is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, marital or veteran status, sexual orientation, religion, creed, ancestry or national origin, or disability.

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Number Street City State Zip

Length of Time at Address \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ daytime number ( ) \_\_\_\_\_ alternate number

Have you ever been employed by the City of Woodson Terrace? Please Circle Yes No

If yes, please provide dates of employment and position(s) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_ Are you a citizen of the United States? \_\_\_\_\_

Can you provide proof of identification and proof of eligibility to work in this county? \_\_\_\_\_  
*(Green card, social security card, passport, etc)*

Position applied for \_\_\_\_\_ (Be Specific)

How many hours can you work weekly? \_\_\_\_\_ Can you work nights and weekends? \_\_\_\_\_

Employment desired: Please Circle Full-time Part-time Full or Part-time

Date available to begin work? \_\_\_\_\_ If hired, would you be able to work overtime? \_\_\_\_\_

Desired Salary Range \$ \_\_\_\_\_ — \$ \_\_\_\_\_

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?  
 \_\_\_\_\_

Have you ever been convicted of a crime, excluding convictions that have been sealed, expunged or legally eradicated, or misdemeanors for which probation was completed and the case was dismissed by court? \_\_\_\_\_  
*(Note: Yes does not automatically disqualify your application.)*

If yes, list all convictions, nature of offense(s) leading to conviction(s), including date(s) committed, sentence(s) imposed, and type(s) of rehabilitation.

*Attach additional sheets as necessary.*

Are you currently out on bail or released on your own recognizance pending trial? \_\_\_\_\_  
 If yes, attach additional sheets as necessary.

Do you have a driver's license? \_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of Issue \_\_\_\_\_  
 \_\_\_\_\_ Operator \_\_\_\_\_ Commercial (CDL) \_\_\_\_\_ Chauffeur \_\_\_\_\_ Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

## EDUCATIONAL HISTORY

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

## WORK EXPERIENCE

Please provide complete and accurate information on your work history **beginning with your most recent** employment, including military service assignments. Be as complete as possible.

Date of Employment \_\_\_\_\_ through \_\_\_\_\_ Employer \_\_\_\_\_  
Month Year Month Year

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Position/Title Held \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact employer? \_\_\_\_\_ If no, provide explanation.

Date of Employment \_\_\_\_\_ through \_\_\_\_\_ Employer \_\_\_\_\_  
Month Year Month Year

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Position/Title Held \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact employer? \_\_\_\_\_ If no, provide explanation.

Date of Employment \_\_\_\_\_ through \_\_\_\_\_ Employer \_\_\_\_\_  
Month Year Month Year

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Position/Title Held \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact employer? \_\_\_\_\_ If no, provide explanation.

*Attach additional sheets as necessary.*



## ACKNOWLEDGEMENT

The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment by the City of Woodson Terrace, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the hiring process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I authorize the City of Woodson Terrace to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the City of Woodson Terrace and will hold the City of Woodson Terrace and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the City of Woodson Terrace to obtain any credit and consumer check. I understand that that the City of Woodson Terrace will provide a separate Disclosure and Release required by law that will permit the City of Woodson Terrace to make such inquires through the services of a third party.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the City of Woodson Terrace is intended to create an employment contract between myself and the City of Woodson Terrace under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be "at will" and may be terminated by the City of Woodson Terrace or me at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents that verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

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

### **REQUIRED ATTACHMENT:**

**Certificate of Applicant Authorization for Release of Information**

**CERTIFICATE OF APPLICANT**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**  
*( Read carefully before signing)*

I, (print full name) \_\_\_\_\_ hereby certify that all statements made on or in connection with my application are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements or omission of material facts will cause forfeiture on my part to employment by the City of Woodson Terrace.

I also do hereby authorize all law enforcement agencies, the Veterans Administration, U.S. Army, U.S. Navy, U.S. Air Force, all Military Agencies, all Federal, State or local Government Agencies, State and Federal Tax Bureaus, Credit Bureaus, Schools and Universities, to furnish the holder of this release with any and all available information regarding me in order that the city may determine my suitability for employment with the City of Woodson Terrace.

I authorize the holder of this release to make inquiry of my present and past employers regarding my character, integrity and reputation.

I authorize the release of any and all information regarding my employment, credit, or any other information, whether personal or otherwise, that may or may not be on their records and release said company or person from all liability for any damage whatsoever that may issue from furnishing such information to the City of Woodson Terrace.

A copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Date)*