



WHERE COMMUNITY AND SPIRIT MEET

139 South Kirkwood Road  
Kirkwood, MO 63122 (314) 822-5809

## EMPLOYMENT APPLICATION

The City of Kirkwood welcomes you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is our policy to provide equal employment opportunities to all applicants. Individuals are evaluated and selected solely on the basis of their qualifications regardless of race, age, sex, religion, national origin, disability or handicap.

Please furnish complete and accurate information so that we can properly evaluate your application. Be warned that providing false or misleading information or omitting important facts may be grounds for immediate dismissal. Also note that information you provide herein may be subject to later verification and/or testing. You may attach to this application any additional information that helps explain your qualifications. *(Please print clearly or type.)*

### Personal

Name		Last	First	Middle	Previous	Social Security Number
Present Address		Street		City	State	Zip Code
Permanent Address		Street		City	State	Zip Code
Telephone	Residence	Business			May we call you at work?	
					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>

### Work Preference

Position for which you are applying: _____ <i>(Be specific to assure correct position consideration.)</i>  <b>Please complete a separate application for each position.</b>	Are you interested in: Full Time _____ Part Time _____ Temporary _____ <i>If temporary, what period of time are you available?</i> _____
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AN EQUAL OPPORTUNITY EMPLOYER  
EMPLOYMENT TESTING ALTERNATIVES AVAILABLE FOR THE DISABLED

## General Information

Have you applied here before? If yes, when? (Date) _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Position applied for: _____	Have you been convicted of any crime during the past 10 years? If so, please provide all details on a separate page and attach.
Do you have any relatives employed by the City of Kirkwood? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name _____ Department _____	

## Education

SCHOOL NAME AND LOCATION	Did you graduate?	Degree, Diploma, Certificate and Major/Minor
High school	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational, Technical School	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (Skilled training, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please list academic honors, scholarships, fellowships, and memberships in professional and honorary societies.

If you are applying for a police officer or firefighter position, please answer the following questions:

- Are you currently enrolled in or a graduate of a Police or Fire Academy? Yes  No
- Name and location of academy:  
\_\_\_\_\_
- Graduation date or anticipated date of graduation: \_\_\_\_\_

*(If you are a police or fire academy graduate, please include a copy of your certificate with this application).*

## Special Skills

Clerical Skills	What is your typing speed per minute? _____ Can you operate dictating equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> List any computer software that you are familiar with: _____ List other office equipment you can operate: _____
Trade Skills	Do you have experience in a skilled trade? If so, please describe the extent/nature of experience: _____ _____ Have you completed an apprenticeship in a skilled craft? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what craft? _____ _____ Where did you complete your apprenticeship? _____ List all machines and equipment you have operated: _____ _____ List current licenses and/or certifications together with an identification of the granting authority: _____ _____

## Employment History

*Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.*

Company Name	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Telephone
Address	Employed (Month and Year) From                      To		
Name of Supervisor May we contact him/her? Yes <input type="checkbox"/> No <input type="checkbox"/>	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		
State job title and list your duties/responsibilities beginning with the duty that consumed the greatest portion of your time.	Reason for Leaving		

Company Name	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Telephone
Address	Employed (Month and Year) From                      To		
Name of Supervisor	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		
State job title and list your duties/responsibilities beginning with the duty that consumed the greatest portion of your time.	Reason for Leaving		

Company Name	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Telephone
Address	Employed (Month and Year) From                      To		
Name of Supervisor	Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		
State job title and list your duties/responsibilities beginning with the duty that consumed the greatest portion of your time.	Reason for Leaving		

*If you need additional space, please continue on a separate sheet of paper.  
Be certain to complete both sides of this application.*

## References

*Please provide the name, address, and telephone number of three references who are not related to you and are not previous employers.*

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List professional, trade, business or civic activities and offices held. (**Exclude** those which indicate race, color, religion, sex or national origin):

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## PLEASE READ BEFORE SIGNING

1. I hereby certify that all statements are true and complete and authorize investigation of all information contained in this application. I understand that my present employer will not be contacted for employment verification until I have become one of the finalists for the position for which I am applying.
2. Organizations and persons named herein are authorized to give information regarding me and they are hereby released from all liability for issuing such information.
3. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or dismissal if I have been employed.
4. I understand that any position that I am offered with the City of Kirkwood may be contingent upon my passing a physical examination and passing a substance abuse test.
5. I understand that the City of Kirkwood maintains a substance abuse policy and that I must comply with the policy as a condition of employment with the City.
6. I understand that I may also be subject to a psychological examination.

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Applicant's Signature

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Date