

CITY OF EUREKA

EMPLOYMENT APPLICATION

100 City Hall Drive
P. O. Box 125
Eureka, MO 63025-0125
Phone: (636) 938-5233
Fax: (636) 938-4080
cesabo@eureka.mo.us

Please complete this application to the best of your ability. We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, or disability.

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NO. _____

PRESENT ADDRESS _____
STREET APT. NO.

CITY STATE ZIP CODE

PHONE NO. _____
HOME WORK (IF APPLICABLE)

E-MAIL ADDRESS: _____

ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

IF NO, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK IN THIS COUNTRY? YES NO

EMPLOYMENT DESIRED

POSITION DESIRED _____

STARTING DATE SALARY DESIRED \$ _____

ARE YOU PRESENTLY EMPLOYED? YES NO

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

HAVE YOU EVER APPLIED TO US PREVIOUSLY? YES NO IF YES, WHEN _____

HAVE YOUR EVER WORKED FOR US PREVIOUSLY? YES NO IF YES, WHEN _____

REASON FOR LEAVING _____

REFERRED BY NEWSPAPER WALK-IN FRIEND OTHER

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING _____

SPECIAL JOB RELATED SKILLS _____

EDUCATION

School	Name and Location	# of Years	Did you Graduate?	Area of Study
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY

List below your last three (3) employers, starting with the last one first:

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

DATE STARTED

Month/Year

DATE LEFT

Month/Year

WEEKLY STARTING SALARY \$

WEEKLY ENDING SALARY \$

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME AND TITLE OF SUPERVISOR

PHONE NO.

JOB DESCRIPTION

REASON FOR LEAVING

NAME AND ADDRESS OF EMPLOYER

DATE STARTED

Month/Year

DATE LEFT

Month/Year

WEEKLY STARTING SALARY \$

WEEKLY ENDING SALARY \$

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME AND TITLE OF SUPERVISOR

PHONE NO.

JOB DESCRIPTION

REASON FOR LEAVING

NAME AND ADDRESS OF EMPLOYER

DATE STARTED

Month/Year

DATE LEFT

Month/Year

WEEKLY STARTING SALARY \$

WEEKLY ENDING SALARY \$

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME AND TITLE OF SUPERVISOR

PHONE NO.

JOB DESCRIPTION

REASON FOR LEAVING

MILITARY HISTORY

JOB RELATED TRAINING

CURRENT STATUS

REFERENCES

Please provide references of persons you have known at least one (1) year other than previous employers and relatives.

NAME	ADDRESS	PHONE

AUTHORIZATION

I certify that all the information submitted by me on this application is true and complete to the best of my knowledge and authorize investigation into all statements I have made as may be necessary for reaching an employment decision. In the event that I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand that I may be required to take a physical examination and/or drug/alcohol screening test as a condition of hiring or continued employment and consent to any investigations the City may conduct in considering and continuing my employment including educational background, Military service, credit and financial history, criminal and traffic records, past employment and references. I understand that neither this document nor any offer of employment from the City constitutes a contract and that if hired, my employment is for no definite period and can be terminated at any time, with or without notice and/or cause. In the event that I am employed, I understand that regardless of the job I am first assigned, I may be required to accept a change of job, depending on my demonstrated skills after employment and/or the needs of the City. I understand that, if employed, I am required to abide by all rules and regulations of the City.

Signature of Applicant

Date

