



City of Pevely, Missouri
Administration Department
401 Main Street
Pevely, Missouri 63070
Phone: (636) 475-4452
Fax: (636) 475-4116
www.cityofpevely.net

City of Pevely Application for Employment

It is understood that the submission and consideration of this application is not an obligation on behalf of the City of Pevely to provide employment. If employed by the City of Pevely, I understand and agree that such employment is subject to all City policies and procedures.

I hereby authorize the City of Pevely 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 I may be required, either before or at any time during employment, to submit to urine testing and/or other medical examinations for controlled substance abuse and/or illegal drug use. Said testing and/or examinations will be conducted by a health facility, medical or testing clinic or laboratory, or physician as selected and paid for by the City of Pevely. I further acknowledge and understand that, should such test results show the presence of controlled substance abuse and/or illegal drug use, employment with the City of Pevely may be denied or terminated. Therefore, I hereby agree to sign any documents deemed necessary to permit the release and disclosure to the City of Pevely of any testing and/or medical examination for controlled substance abuse or illegal drug use.

I understand that 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. I certify that all information contained in this application and any accompanying documents are correct and complete to the best of my knowledge and belief. I agree that I have read and understand the above acknowledgements and agreements and recognize all the above as conditions of employment.

Print or Type Name

Signature

Date



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Please complete all sections to be considered for employment. Completed applications will remain active for six (6) months from the date received. Candidates must contact Human Resources should they wish to be considered for a position other than the one for which they originally applied.

Personal Information

Name _____ SSN _____ - ____ - ____
 Present Address _____
 _____ City State Zip
 Primary Phone _____ Alternate Phone _____
 Email Address _____

Employment Desired

Position applying for _____
 Date available _____ Desired salary \$ _____
 Have you previously applied with the City? Yes No Date and position _____
 Have you ever been employed by us before? _____
 If yes, when? _____ Why did you leave? _____
 Are you a U.S. citizen, or can you demonstrate eligibility to work in the United States? _____
 Do you have a current driver's license? Yes No
 If required, are you able to work overtime, weekends, and/or special events? Yes No

<u>Education</u>	Name and Location Of School	Years Attended (Circle)	Graduation Year	Subjects Studied
High School		9 10 11 12		
College/University		1 2 3 4		
Graduate Or Secondary College		1 2 3 4		

General

Other training, education, or certificates: _____

 Special Skills: _____

 Are you a Veteran of the U.S Military Service? Yes No Branch _____



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History of Employment

Please list all positions you have held within the last five (5) years (including temporary, regular, and part-time) in date order, with the most recent 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.

Company Name _____ Phone Number _____
Address _____
Supervisor's Name and Title _____
Starting Position _____ Ending Position _____
Is this position: Full-time Part Time Temporary Seasonal
Dates Employed _____ to _____ Starting Salary _____ Ending Salary _____
Are you currently working for this company? Yes No If yes, may we contact? Yes No
Brief Job Description _____
Reason for Leaving _____

Company Name _____ Phone Number _____
Address _____
Supervisor's Name and Title _____
Starting Position _____ Ending Position _____
Is this position: Full-time Part Time Temporary Seasonal
Dates Employed _____ to _____ Starting Salary _____ Ending Salary _____
Are you currently working for this company? Yes No If yes, may we contact? Yes No
Brief Job Description _____
Reason for Leaving _____

Company Name _____ Phone Number _____
Address _____
Supervisor's Name and Title _____
Starting Position _____ Ending Position _____
Is this position: Full-time Part Time Temporary Seasonal
Dates Employed _____ to _____ Starting Salary _____ Ending Salary _____
Are you currently working for this company? Yes No If yes, may we contact? Yes No
Brief Job Description _____
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References

List the names of at least three (3) persons not related to you, whom you have known at least one year

Name _____ Occupation _____
 Relationship to you _____ How long have you known this person _____
 Phone number _____ Address _____
 Email Address: _____

Name _____ Occupation _____
 Relationship to you _____ How long have you known this person _____
 Phone number _____ Address _____
 Email Address: _____

Name _____ Occupation _____
 Relationship to you _____ How long have you known this person _____
 Phone number _____ Address _____
 Email Address: _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the City's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the City's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the City. I understand that no City representative, other than its Mayor, Board, or Administrator, and then only when in writing and signed by the Mayor has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY

Declined <input type="checkbox"/> Hired <input type="checkbox"/>
<u>Interview Date</u>
<u>HR Initials when Completed</u>

Start Date _____ Starting Pay _____ Department _____
Position _____ Supervisor _____
Eligible for 6 month raise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount _____
Eligible for 1-year raise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount _____
Department Head Signature _____
City Administrator Signature _____