



# CITY OF HAZELWOOD

**415 ELM GROVE LANE  
HAZELWOOD, MISSOURI 63042  
(314) 839-3700**

**"Professionals Serving Together"**

## EMPLOYMENT APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Position Applied For:

\_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_  
(Submit a separate application for each position applied for.)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address (If Different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ May we contact you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_

1. Are you related to any elected official or employee of the City of Hazelwood? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to whom? \_\_\_\_\_ Relationship?

(The City forbids members of the immediate family of an employee holding regular positions in the same department, or the employment of relatives of elected City officials.)

2. Have you been convicted of a criminal offense, which is substantially related to the position for which you are applying? (This may include a conviction for DWI or DUI.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail on page 4.

(A conviction does not automatically mean that you cannot be employed. The nature of the offense and when it occurred will be considered. Give all pertinent facts so that a decision may be made. Attach additional sheets if necessary.)

3. Have you ever been fired or asked to resign from a job? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail on page 4.

(A firing or a forced resignation does not automatically mean that you cannot be employed. The circumstances, time elapsed and recent employment record will be considered. Attach additional sheets if necessary.)

4. Have you been employed by the City before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain on page 4.

5. Are you prevented from lawfully becoming employed in the United States because of visa or immigration status? Yes \_\_\_\_\_ No \_\_\_\_\_

(The City is required to see proof of citizenship or authorization to work in the United States within three days of the date of hire.)

6. Are you 14 years old or older? Yes \_\_\_\_\_ No \_\_\_\_\_

7. If employed and you are under 16 years of age, can you provide a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Leave this question unanswered if you are 16 or older.

8. **Have you served in the U.S. military?** Yes  No   
 If yes, which branch? \_\_\_\_\_ Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_  
 Rank at discharge \_\_\_\_\_

EDUCATION

9. **Circle the last grade of school you completed:** 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

List name and location (city and state) of high school(s), colleges(s), university(ies), technical school(s), special school(s), academy(ies), etc., you have attended:

	Did you graduate?	Certificate/Degree Received	Course of Study/Training
10. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
11. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
12. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
13. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
14. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

15. **List below extracurricular activities you participated in, offices you held, honors you received, etc., while in school.**

EMPLOYMENT HISTORY

16. **Describe your employment history in reverse chronological order. List promotions as separate jobs.**

Name of current or most recent employer \_\_\_\_\_ May we contact? Yes  No   
 Address of location you worked at \_\_\_\_\_ Telephone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Describe your duties, responsibilities and accomplishments.  
 Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
 Current or last position held \_\_\_\_\_  
 Beginning salary per year \_\_\_\_\_ Ending salary per year \_\_\_\_\_  
 Reason for leaving or wanting to leave \_\_\_\_\_  
 Name and title of supervisor \_\_\_\_\_

17. **Name of next most recent employer** \_\_\_\_\_ **May we contact?** Yes  No   
 Address of location you worked at \_\_\_\_\_ Telephone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Describe your duties, responsibilities and accomplishments.  
 Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_  
 Current or last position held \_\_\_\_\_  
 Beginning salary per year \_\_\_\_\_ Ending salary per year \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Name and title of supervisor \_\_\_\_\_

18. **Name of next most recent employer** \_\_\_\_\_ **May we contact? Yes \_\_\_ No \_\_\_**  
 Address of location you worked at \_\_\_\_\_ Telephone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Describe your duties, responsibilities  
 Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_ and accomplishments. \_\_\_\_\_  
 Current or last position held \_\_\_\_\_  
 Beginning salary per year \_\_\_\_\_ Ending salary per year \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Name and title of supervisor \_\_\_\_\_

19. **Name of next most recent employer** \_\_\_\_\_ **May we contact? Yes \_\_\_ No \_\_\_**  
 Address of location you worked at \_\_\_\_\_ Telephone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Describe your duties, responsibilities  
 Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_ and accomplishments. \_\_\_\_\_  
 Current or last position held \_\_\_\_\_  
 Beginning salary per year \_\_\_\_\_ Ending salary per year \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Name and title of supervisor \_\_\_\_\_

PERSONAL ATTRIBUTES

20. **List business, civic, professional, or service organizations to which you belong and list offices you hold or have held in the organizations:**
21. **List hobbies or special interests you have:**
22. **List additional skills, knowledge or accomplishments you have that are related to the position for which you are applying:**
23. **Describe any equipment operating skills (such as computers, dictaphones, motor vehicles, communication equipment, etc.) you have that are related to the position for which you have applied:**

APPLICANTS FOR CLERICAL POSITIONS

24. **How many words per minute do you type?**  
 25. **Do you take shorthand? Yes \_\_\_ No \_\_\_ If yes, how many words per minute?**

REFERENCES

Please list three references not personally related to you:

- 26. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 27. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 28. Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity or expression, pregnancy, age, national origin, disability status, genetic information, protected veteran status, or any other characteristic protected by law.

I hereby understand and acknowledge my responsibility to notify the City in advance if I need reasonable accommodation in any testing procedures or interviews required as a result of submission of this application. It is the responsibility of the applicant to notify the City of any changes in the information contained in this application. Any misstatements or omissions of significant facts in this application may be cause for cancellation of consideration for employment or for dismissal if already employed. It is the City's policy to have a work force free of substance abuse. The City may require applicants to undergo medical examination at the City's expense. All successful applicants must undergo substance screening at the City's expense.

I hereby authorize the City of Hazelwood to make such investigations and inquiries as to my character, employment record, school record, conviction record, medical history and/or matters as may be deemed necessary in arriving at an employment decision. I hereby release employers, schools, law enforcement agencies and persons from all liability for any damage whatsoever that may ensue from furnishing the same to the City of Hazelwood. I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omission may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that no City official other than the City Manager has any authority to enter into any agreement or make any oral assurances or promises of continued employment.

I hereby consent to the taking of a drug test (applicants for safety-sensitive positions\* also consent to an alcohol test) for the purpose of determining whether I will be considered for hiring by the City of Hazelwood. I understand that prior to the test, I am obligated to notify the City if I am undergoing authorized prescribed medical treatment with controlled substances or prescription drugs and to report the specific drugs or treatment that I am receiving, in order to avoid any confusion in the test results.

I further understand that if I test "positive" on the drug test (or alcohol test if in consideration for a safety-sensitive position\*), I will not be hired by the City of Hazelwood. I accept any such employment decision made by the City of Hazelwood, even though I may not agree that I have been taking any illegal drug, narcotic, or other such controlled substance. I fully waive, in advance, any right to complain of the results of the drug test (or alcohol test if in consideration for a safety-sensitive position\*), through any legal actions or other means of whatever kind or nature, and fully release the City of Hazelwood, its officers, employees and representatives, from any and all liability arising from the drug test (or alcohol test if in consideration for a safety-sensitive position\*), or in any manner related to my application for or employment with the City of Hazelwood.

I understand that good faith efforts will be made to keep the results of the drug test (or alcohol test if in consideration for a safety-sensitive position\*) confidential, and that the City of Hazelwood will endeavor to assure that the test results will not be revealed to any persons except those persons who the City of Hazelwood deems have a need to know such information relating to personnel administration or processing of employment matters, or as may otherwise be required by law.

\*In General, safety sensitive positions are police, fire, maintenance, and lifeguard positions. In general, non-safety positions are all other positions.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Applications must be signed to be considered.)

SUPPLEMENTARY INFORMATION

List below or on a separate sheet any additional information that may be pertinent to consideration for the position you are seeking. If the information pertains to a specific question asked in the application, please provide the question number you are referring to. Attach additional sheets if needed. Materials, such as a resume, may be attached.