



Helping Business, Improving Lives

4124 N. Broadway
St. Louis, MO 63147
314-231-6600
314-231-2266 fax

Employment Application for Staff

We are an equal opportunity employer, dedicated to a policy of non-discrimination employment including race, creed, color age, sex, religion, handicap or national origin

Name _____ Date _____

Social Security Number _____ - _____ - _____ Date of Birth _____

Address _____

Home Phone # _____ Cell Phone # _____

Desired Position _____

Date available to start _____

Have you ever been convicted of a felony or misdemeanor? () No () Yes

If yes, please explain _____

(Conviction will not necessarily disqualify an applicant from employment)

EDUCATION

	Name and Location	Years Attended	Course of Study	Degree or Diploma
College				
High				
Trade School				
Other				

Other training, certifications, or licenses held _____

Have you served in the Military? () No () Yes

If yes, what branch _____

Duties in service including special training _____

Do you have a valid driver's license? () No () Yes

Drivers license type: () Non-Commercial () CDL () Class_____

EMPLOYMENT HISTORY

Please list all employment past and present

Employer Name and Address	Position Title/Duties Skills	Dates Employed
		Reason for Leaving
		Supervisor's Name and Telephone
Employer Name and Address	Position Title/Duties Skills	Dates Employed
		Reason for Leaving
		Supervisor's Name and Telephone
Employer Name and Address	Position Title/Duties Skills	Dates Employed
		Reason for Leaving
		Supervisor's Name and Telephone
Employer Name and Address	Position Title/Duties Skills	Dates Employed
		Reason for Leaving
		Supervisor's Name and Telephone

May we contact the employers listed above? () No () Yes

If we may not contact all employers listed, please indicate by name which one(s) you do not wish us to contact and why _____

REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year

Name and Occupation	Address	Phone Number

Contact person in case of emergency_____

Phone #_____ Relationship_____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature_____ Date_____

Office Use Only

Notes _____

Start Date_____