APPLICATION FOR EMPLOYMENT
City of Lake Saint Louis

POSITION APPLIED FOR: You must complete **all** sections of this application as this information will be used to determine your eligibility for this position. A separate application <u>must be completed</u> for each position for which you are applying. If you need assistance completing this application, please contact human resources.

Position Applied For:	Date of application:

PERSONAL INFORMATION

Last Name	First Name	Middle Name

Address

Telephone Number ( )	Social Security Number

Age: If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No ☐ NA	Have you been employed under other names? ☐ Yes ☐ No If Yes, List name(s):

Are you authorized to work in the United States? ☐ Yes ☐ No *If employed, you must provide documentation that proves your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.*

Do you possess a valid Missouri Driver's License? ☐ Yes ☐ No

Are you now or have you ever been employed by the City of Lake Saint Louis? ☐ Yes ☐ No If yes, list dates and department(s):

Are you related to a current city employee or an elected or appointed city official? ☐ Yes ☐ No If yes, please list name and relationship:

How did you find out about this job opening?	☐ City Website ☐ Newspaper	☐ City Employee ☐ Internet	☐ Other (Please Explain):

Are you available to work: ☐ Full time ☐ Part time	On what date would you be available for work?

EDUCATION AND SKILLS

Please list all education beginning with most recent. Indicate a diploma or degree, if completed, including GED if obtained.

Name & Location of School	# of yrs Completed	Graduated		Degree & Major
Graduate		☐ Yes	If no, approx. number of credit hours completed:	
College		☐ Yes	If no, approx. number of credit hours completed:	
Other		☐ Yes	If no, approx. number of credit hours completed:	
Other		☐ Yes	If no, approx. number of credit hours completed:	
High School/GED		☐ Yes	If no, approx. number of credit hours completed:	

FOR HR Use Only	**Date Received**
Applicant #	**Date Forwarded**

EMPLOYMENT HISTORY: List all employment including military and volunteer service *starting with the most current position held*. Show employment history for at least 10 years or from the time you left school (supplemental sheets available). Explain gaps in employment history. You may attach a resume, but you must complete the employment section. This information will be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (mth/yr)	Position Title	
From: To:		
Salary Start: $ /Month Final: $ /Month ☐ Full-time ☐ Part-time, hrs/wk____	Organization Name/Address	
May we contact for references ☐ Yes ☐ No	Supervisor's Name/Title/Phone:	Reason for Leaving:
Duties:		

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SKILLS/CERTIFICATIONS/TRAINING: List technical or specialized skills/credentials relevant to this job, including certifications, professional licenses, registrations held, and knowledge of any computer programming languages or specialized software or hardware. Include job-related training received in the United States military.

PROFESSIONAL REFERENCES: Please provide the name, address and telephone number of three references who are not related to you and are not previous employers. The following references may be contacted.

Name	Address	Phone Number
1.		
2.		
3.		

PLEASE READ CAREFULLY AND SIGN BELOW:

I certify that the information provided herein is true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby authorize my former employers to release any information pertaining to my work record, my work habits and my work performance while in their employ.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

In the event of an employment offer, I understand that a pre-employment background check and motor vehicle record search (if the position requires the operation of a city vehicle) will be conducted.

Applicant Signature   Date

NOTICE OF NONDISCRIMINATION- Per Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, the City of Lake Saint Louis does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, disability, or status as disabled veteran or veteran of the Vietnam Era. Appointments to all positions of employment with the City shall be made upon the basis of merit. Education, experience, acquired skills, and the ability to perform the essential job functions shall form the foundations of comparisons of applicant qualifications. The city also complies with the Americans with Disabilities Act.

If assistance or accommodation is needed during the application process, please contact Human Resources.

THE CITY OF LAKE SAINT LOUIS IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY CONTINUATION
Supplemental Sheet

Dates Employed (mth/yr)	Position Title	
From: To:		
Salary Start: $ /Month Final: $ /Month ☐ Full-time ☐ Part-time, hrs/wk____	Organization Name/Address	
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CITY OF LAKE SAINT LOUIS
MEDICAL REVIEW POLICY

Subject:
> Medical review process for an individual receiving a conditional job offer.

Purpose:
> To insure before being issued a start date individuals offered a job are physically:
> -Able to perform essential functions of the job with or without accommodation.
> -Not a direct threat to themselves or others.

Policy:
> A. All new City of Lake Saint Louis employees are required to undergo a medical review process prior to receiving an employment start date.
> B. The process, as described below, is structured to conform with the Americans with Disabilities Act (ADA 1990) and subsequent rules and regulations published July 26, 1992.

Medical Evaluation:

The City of Lake Saint Louis requires a full medical examination by a certified health professional for all full-time and certain public safety part-time employees. The depth and scope of the examination may vary depending upon the nature of the job and the seriousness of the injury exposed by the exam or inquiry such as:
> -Injury to back, neck, knee or hands.
> -presence of an illness related to repetitive motion such as carpal tunnel syndrome.
> -Musculo-skeletal surgery involving a hospital stay.
> -Other serious illnesses and injuries that may be exposed during the employment medical exam.

Medical Exam Results:

Working with the individual job description, the medical professional is to assess the candidate's condition and make a recommendation to the City as to his/her fitness for duty. If the medical professional believes the candidate:

> 1. Is unable to perform the essential functions of the job with accommodations (if requested), or
> 2. Is a direct threat to themselves or others,

The City will inform the candidate and rescind the job offer. If an accommodation is involved, the City will respond according to its Accommodation Policy.

Medical Records:

Results of the medical evaluation will be kept in a secure file system isolated from other personnel files. Access will be allowed only to designated employees (City Administrator, Personnel Director, and to the employee's Department Head on a need-to-know basis). Records of individuals not hired because of the medical review process will be kept a minimum of two years.