



CITY OF MANCHESTER
Parks & Recreation Department
359 Old Meramec Station Rd.
Manchester, MO 63021
636-391-6326 ! 636-391-0467 (fax)

APPLICATION FOR EMPLOYMENT

TO APPLICANT: We deeply appreciate your interest in employment in our city. Thank you for taking the time to complete this application.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, veteran status, attainment of benefits, and participation in union activities. The law of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

(Please Print Plainly)

PERSONAL

Name _____
Last First Middle

Social Security No. _____ Telephone No. _____

Address _____
No. Street City State Zip

Email Address _____

Are you legally eligible for employment in the U.S.A.? Yes ___ No ___ If no, hire is subject to verification that you are of minimum legal age.

Are you over the age of 18? Yes ___ No ___ If no, hire is subject to verification that you are of minimum legal age.

Position(s) applied for _____

Were you previously employed by us? Yes ___ No ___ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other job related experiences, skills, or qualifications which will be of benefit in the job for which you are applying? _____

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

Most Recent Employer - #1

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

#2

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

#3

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

#4

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer #1? Yes _____ No _____
 Employer #2? Yes _____ No _____
 Employer #3? Yes _____ No _____
 Employer #4? Yes _____ No _____

Signed _____

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
Elementary			5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes _____ No _____

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes _____ No _____

If yes, what is the best time to call? _____

What is your business telephone number? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, not does this application obligate the employer in any way if he decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

Signature of Applicant

FOR INTERVIEWER=S USE		
INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR=S USE				
TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

*POSITION NUMBER	RESULTS OF REFERENCE CHECK
#1	
#2	
#3	
#4	



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parks@manchestermo.gov

**CERTIFICATE OF APPLICANT
AUTHORIZATION FOR RELEASE OF INFORMATION
(Read carefully before signing)**

I, (print full name) _____, hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any mis-statements or omission of material facts will cause forfeiture on my part of all rights to employment with the City of Manchester, Missouri.

I hereby authorize all law enforcement agencies, the Veterans Administration, U.S. Army, U.S. Navy, U.S. Air Force, all military agencies, all federal, state, or local government agencies, state and federal tax bureaus, credit bureaus, schools and universities, to furnish the holder of this release with all and any available information regarding me in order that he may determine my suitability for employment.

I authorize the holder of this release to make inquiry of my present and past employers regarding my character, integrity, and reputation. I authorize the release of any and all information regarding my employment, credit, or any other information, whether personal or otherwise, that may or may not be in their records, and release said company or person from all liability for any damage whatsoever that may issue from furnishing such information to the holder of this release.

A photostatic copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant

Date

Signature of Witness

Date

Drivers License # _____

Social Security # _____

Date of Birth _____