



**City of Manchester**  
**Employment Application Form**  
 14318 Manchester Rd.  
 Manchester, MO 63011  
 (636) 227-1385 - Telephone  
 (636) 207-2824 - Fax

**PLEASE PRINT CLEARLY**

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Position Applying for \_\_\_\_\_ FULL-TIME PART-TIME SEASONAL

How soon are you available to start work? \_\_\_\_\_

Are you eligible to work in the United States? Yes No

Are you over the age of 18? Yes No

If no, hire is subject to verification that you are of minimum legal age.

**PREVIOUS MILITARY SERVICE:**

Are you a veteran? If yes, branch of service \_\_\_\_\_

Dates of Service: Entered \_\_\_\_\_ Discharge \_\_\_\_\_

**EDUCATIONAL BACKGROUND: INCLUDE ALL FORMAL TRAINING PROGRAMS AND ACADEMIC DEGREES. ATTACH ADDITIONAL SHEET IF NECESSARY.**

NAME OF SCHOOL OR PROGRAM	ADDRESS	CREDITS COMPLETED	DEGREE EARNED	COMPLETED/GRADUATE?

List any additional training, special qualifications, skills or honors you would like considered:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE: BEGINNING WITH YOUR MOST RECENT EMPLOYMENT, LIST A COMPLETE STATEMENT OF YOUR WORK HISTORY. ATTACH ADDITIONAL SHEETS IF NECESSARY**

1. Position held \_\_\_\_\_ Salary \_\_\_\_\_

Dates of employment from: \_\_\_\_\_ to: \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

May we contact your previous supervisor? Yes No

Duties/Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Position held \_\_\_\_\_ Salary \_\_\_\_\_

Dates of employment from: \_\_\_\_\_ to: \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

May we contact your previous supervisor? Yes No

Duties/Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Position held \_\_\_\_\_ Salary \_\_\_\_\_

Dates of employment from: \_\_\_\_\_ to: \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

May we contact your previous supervisor? Yes No

Duties/Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**REFERENCES: List the following information for at least three references who may be contacted concerning your work history and background. DO NOT INCLUDE RELATIVES**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Relationship \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Relationship \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Relationship \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

**Do you have any commitments which may restrict your ability to perform your job duties?**

Yes      No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been discharged or forced to resign from a position?    Yes                      No**

**If yes, provide details including the name of the employer and the reason for the action taken:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed by the City of Manchester? Yes No

If yes, when? \_\_\_\_\_

Do you have any relatives now employed by the City of Manchester? Yes No

If yes, list names and his/her relationship to you: \_\_\_\_\_  
\_\_\_\_\_

THIS SECTION TO BE COMPLETED **ONLY** BY APPLICANTS FOR POSITIONS WHICH REQUIRE DRIVING ON THE JOB. A DRIVING RECORD CHECK WILL BE PERFORMED AS A CONDITION OF ANY JOB OFFER TO SUCH APPLICANTS.

License no. \_\_\_\_\_ Class of license \_\_\_\_\_

State of Issue \_\_\_\_\_ Restrictions \_\_\_\_\_

Has your license ever been suspended or revoked? Yes No If yes, on a separate sheet list the details for each occurrence including: the offense, date, charge, place, court and action taken.

**PLEASE READ CAREFULLY BEFORE SIGNING**

City policy requires an applicant, when a bona fide job offer has been made, to pass a physical examination (at the City's expense) and be certified by the City's physician as fit to perform the duties of the position. The pre-employment examination for candidates includes a drug screen. Failure of the applicant to consent to these inquiries and tests, and depending on the position, a credit check and background check, and skill and other applicable tests, will disqualify the applicant from present and future employment consideration by the City.

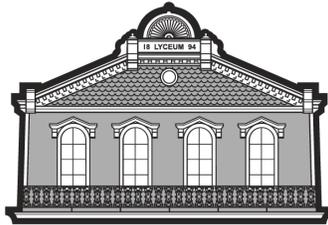
Federal law requires that the City hire only United States citizens and lawfully authorized alien workers. If you are selected for a position with the City of Creve Coeur, you will be required to comply with the requirements of the Immigration and Naturalization Act of 1986. This law requires you to present documentation of your identity and eligibility to work in the US and to complete a federal I-9 form. This form must be completed on the first day of employment for all employees.

It is the policy of the City of Manchester not to discriminate on the basis of race, color, religion, national origin, ancestry, sex, gender, gender identity, sexual orientation, age, disability or familial status, or other status protected by law except where specific age or physical requirements constitute a bona fide occupational qualification. The job duties will be reviewed with you to determine your ability to perform the essential functions of the position.

**CERTIFICATION OF THE APPLICANT – SEE ALSO SEPARATE SHEET ATTACHED. READ CAREFULLY BEFORE SIGNING.**

I certify that all the answers and statements herein contained are true to the best of my knowledge and belief. I understand that any misstatement of material facts, or omission of any material facts, will subject me to possible disqualification or dismissal.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_



THE CITY OF  
**MANCHESTER**  
MISSOURI

**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

Driver's License# \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_