



**APPLICATION FOR EMPLOYMENT  
CITY OF WENTZVILLE  
310 W. PEARCE BLVD.  
WENTZVILLE, MO 63385  
PHONE: 636-327-5101 FAX: 639-639-6040**

**INSTRUCTIONS FOR COMPLETING APPLICATION FOR EMPLOYMENT**

Thank you for your interest in employment with the City of Wentzville. Before completing your application, please read the instructions below.

1. Each position listed in our job openings includes requirements for minimum skills and qualifications. Please review these requirements before completing the application for employment. Applicants not meeting the minimum skills and qualifications listed for a position will not be considered for employment.
2. Applications for employment are not accepted for positions that are not currently posted.
3. Answer all questions completely and accurately. If a question does not apply to you, please mark it "N/A." Incomplete applications will not be considered. All answers are subject to verification.
4. If you are applying for more than one position at the same time, please complete a separate application for each position.
5. A resume may be submitted along with an application, but not in lieu of one. If a resume is attached, all questions on the application must still be answered completely.
6. Please type or write legibly in black ink.

**The City of Wentzville considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status**

Position Applied For		Date of Application	
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How Did You Learn About Us?

- Advertisement       Friend       Inquiry  
 Employment Agency       Relative       Other

Last Name		First Name		M.I.	
Address					
City		State		Zip	
Telephone Number(s)	Home		Cell		
Best Time to contact you at home is:		e-mail address:			

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| If you are under 18 years of age, can you provide required proof of your eligibility to work?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever filed an application with us before? If yes, give date  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been employed with us before? If yes, give date   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do any of your friends or relatives, other than spouse, work here?<br>If yes state name, relationship, and locations  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you currently employed?   | <input type="checkbox"/> | <input type="checkbox"/> |
| May we contact your present employer?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?<br>(Proof of citizenship or immigration status will be required upon employment) | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you currently on "lay-off" status and subject to recall?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you travel if job requires it?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been convicted of a felony?   | <input type="checkbox"/> | <input type="checkbox"/> |

Date available for work \_\_\_\_\_ Desired Salary Range:  
 Are you available to work \_\_\_\_\_  F/T  P/T  Temporary

**THE CITY OF WENTZVILLE IS AN EQUAL OPPORTUNITY EMPLOYER**

**EDUCATION**

School	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

**WORK EXPERIENCE**

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Please attach an additional sheet if needed.

<b>Employer</b>	Dates Employed From/To	Work Performed
Address	/	
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary	
Supervisor		
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer</b>	Dates Employed From/To	Work Performed
Address	/	
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary	
Supervisor		
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer</b>	Dates Employed From/To	Work Performed
Address	/	
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary	
Supervisor		
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanations for any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

**ADDITIONAL INFORMATION**

**Other Qualifications** *Summarize special job-related skills and qualifications acquired from employment or other experience.*

**SPECIALIZED SKILLS (Skills/Equipment Operated)**

<input type="checkbox"/>	Terminal	<input type="checkbox"/>	Spreadsheet	<input type="checkbox"/>	Production/Mobile	Machinery (list)	Other (list)
<input type="checkbox"/>	PC/MAC	<input type="checkbox"/>	Word Processing	Typing WPM			

*State any additional information you feel may be helpful to us in considering your application.*

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes  No

**PERSONAL/PROFESSIONAL REFERENCES** *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, an employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.



Signature of Applicant

Date