



# EMPLOYMENT APPLICATION

POSITION: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Phone Numbers: \_\_\_\_\_  
Home Phone Business Cell

E-mail Address: \_\_\_\_\_

Have you ever had your name legally change? If yes, indicate previous name(s).  
Yes  No

Date of Change Year \_\_\_\_ Month \_\_\_\_ Day \_\_\_\_ Reason for change

Have you ever used any other name? If yes, list all other names you have used.  
Yes  No

Are you 18 years of age or older?  Yes  No

Are you legally permitted to work in the U.S.?  Yes  No

Have you ever been convicted of a felony?  Yes  No

The fact that you have a record of conviction will not necessarily bar you from employment.

If "Yes", fully explain the conviction, including location and date \_\_\_\_\_

## PERSONAL DRIVING RECORD

*Complete only if the operation of a motor vehicle will be required in the course of employment.*

For positions requiring the operation of a company vehicle, acceptance of employment is contingent upon the applicant presenting a DMV driving record. This must conform to the company's insurance guidelines. Please note that if you do not provide a copy, our insurance broker will obtain the records.

How long have you been a licensed driver? \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Issuing State: \_\_\_\_\_ List any other state(s) in which you have had a driver's license: \_\_\_\_\_

Within the past three years, have you:

Had a vehicle accident for which you were at fault?  Yes  No

Been convicted of reckless or drunk driving?  Yes  No

Been sited to two or more moving violation:  Yes  No

If yes to any of the above, give explanation and dates: \_\_\_\_\_

Has your driver's license ever been revoked or suspended?  Yes  No

Is your driver's license restricted?  Yes  No

If yes, please explain: \_\_\_\_\_

**EMPLOYMENT** (Indicate all regular, cooperative, summer and voluntary work. List most recent first and provide information for a minimum of 10 years, if applicable. If necessary, please attach additional pages.)

Name and Address of Current or Last Employer	Dates Employed	Title	Name and Phone No. of Supervisor	Salary
	From:			Start: \$
	To:			Finish:\$

Description of general duties:

Reason for leaving:

Name and Address of Previous Employer	Dates Employed	Title	Name and Phone No. of Supervisor	Salary
	From:			Start: \$
	To:			Finish:\$

Description of general duties:

Reason for leaving:

Name and Address of Previous Employer	Dates Employed	Title	Name and Phone No. of Supervisor	Salary
	From:			Start: \$
	To:			Finish:\$

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	From:			Start: \$
	To:			Finish:\$

Description of general duties:

Reason for leaving:

Name and Address of Previous Employer	Dates Employed	Title	Name and Phone No. of Supervisor	Salary
	From:			Start: \$
	To:			Finish:\$

Description of general duties:

Reason for leaving:

I give permission to the City of Berkeley to contact my current/most recent employers.  Yes  No

Have you signed a non-compete agreement or other similar contract that may restrict your ability to work for a former employer's clients?  Yes  No

If yes, you will be required to provide a copy with this application.

**EDUCATION** (include all periods of schooling beginning with high school)

Name and Address of High School	Graduated	GED
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of College(s) or other School(s)	Major Field	Degree Received or Expected Degree (if applicable)

**U.S. MILITARY SERVICE**

Branch: \_\_\_\_\_ Highest Rank Achieved: \_\_\_\_\_

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES - Please provide 5 professional references.**

Name, E-mail and Phone	Title	Relationship to Applicant

I give permission to the City of Berkeley to contact my references.

 Yes No**PROFESSIONAL ORGANIZATIONS & LICENSES**

Do you belong to any professional organizations? List here: \_\_\_\_\_

Do you possess any special licenses or certifications: List here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION**

What prompted your application? Walk-in  Recruited  Internet

Agency Referral  Career Fair  Open House  Newspaper

Employee Referral (Name) \_\_\_\_\_

Other: Please list source(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EQUAL EMPLOYMENT OPPORTUNITY  
VOLUNTARY SELF-IDENTIFICATION  
(CONFIDENTIAL – FOR STATISTICAL USE ONLY)

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification, can be declared at any time prior to, or if applicable, after hire. Please return this page with your completed application.

PLEASE COMPLETE IN FULL:

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

ETHNIC GROUP:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, south or Central American, or other Spanish culture or origin of race.
- White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino) – a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North or South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.
- I do not wish to self-identify.

Signature: \_\_\_\_\_

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



City of Berkeley  
Attn: Assistant City Manager  
8425 Airport Road  
Berkeley, MO 63134-2098  
Ph: (314) 524-3313

**AS AN APPLICANT YOU AGREE TO AND UNDERSTAND THE FOLLOWING:**

I hereby authorize the City of Berkeley to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by the City of Berkeley to provide any relevant information regarding my current and/or previous employment and I release all persons, schools and employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement should I become an employee of the City of Berkeley. I understand that nothing contained in this application, or conveyed during any interview that may be granted is intended to create an employment contract.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future and acknowledge that any employment relationship with the City of Berkeley is an "at will" nature in which either party is free to terminate for any reason. It is further understood that this "at will" employment relationship may not be changed by a written document or by conduct unless such a change is specifically acknowledged in writing by an authorized officer of the City of Berkeley.

I have read and understand the above Agreement. This application is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

Social Security No: \_\_\_\_\_

***For Employer Use Only***

Offer Extended:  Yes  No

Position: \_\_\_\_\_

Department: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_