



APPLICATION FOR EMPLOYMENT

The City of St. James and St. James Municipal Utilities (SJMU) is an Equal Opportunity Employer.

The City of St. James and St. James Municipal Utilities participate in the Federal E-Verify Work Authorization Program.

City of St. James & St. James Municipal Utilities (SJMU)

100 S. Jefferson St.
St. James, MO 65559
www.stjamesmo.org
Voice: (573) 265-7011

THE CITY OF ST. JAMES AND ST. JAMES MUNICIPAL UTILITIES REQUIRE PRE-EMPLOYMENT DRUG TESTING

Initial screening will be based on this application. Please be sure to answer all items completely and accurately. Let us know if you do not understand an item or need help in completing the application.

For any questions regarding this application, please contact City Clerk Linda Cochran at (573) 265-7011 ext. 120 or lcochran@stjamesmo.org



City of St. James / St. James Municipal Utilities

APPLICATION FOR EMPLOYMENT

We consider 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. **We are an Equal Opportunity Employer.**

Position(s) applied for:

Date of Application:

Last Name:

First Name:

Middle Name:

Address:

City:

State:

Zip:

Telephone Number(s):

Social Security Number:

Best time to contact you at _____ am / pm Best Number to contact you? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If yes, give date _____ Yes No

Have you ever been employed with us before? If yes, give date _____ Yes No

Do you have any friends or relatives who work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status? (Proof of citizenship or immigration status will be required upon employment) Yes No

Date available for work ____/____/____ What is your desired salary? _____

Are you available to work: Full-Time Part-Time (Mornings/Afternoons/Evenings) Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if your position requires it? Yes No

Have you been convicted of a crime, excluding traffic violations? Yes No

If yes, please explain _____

(Conviction of a crime is not a disqualification for employment, all circumstances will be considered)

EMPLOYMENT EXPERIENCE

Start with your present employer or last employer. Include any job-related military service assignments & volunteer activities. You may exclude organizations, which indicate race, sex, color, religion, national origin, disabilities, or other protected status. **PLEASE READ & SIGN: These are the only employers that I have had in the last 7 years.**

Signature _____ Date _____

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

SPECIALIZED SKILLS (Check skills/equipment operated):

Computer Terminal Microsoft Office (Access, Excel, PowerPoint, Publisher, Word) or Similar Program

Adobe Typewriter/_____wpm Shorthand/_____wpm Cash Handling / Deposits

Production / Mobile Machinery _____

Other _____

LIST ANY PROFESSIONAL TRADE BUSINESS/CIVIL ACTIVITIES & OFFICES HELD (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected information): _____

OTHER QUALIFICATIONS: _____

A VALID MISSOURI DRIVER'S LICENSE MAY BE REQUIRED FOR THIS POSITION.

Please complete the information below:

State	License #	Expiration Date
Do you currently have a CDL? <input type="radio"/> Yes <input type="radio"/> No		
If so, what class? _____		
Endorsements? _____		

If driving is a requirement of this position for which I am applying, I authorize the City & SJMU to access my driving record to verify this information. (Initial here.) _____

NOTE TO APPLICANTS: Do not answer the question below 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 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

STATE ANY ADDITIONAL INFORMATION YOU MAY FEEL HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

REFERENCES

NAME:	PHONE:
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EMAIL ADDRESS:

NAME:	PHONE:
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EMAIL ADDRESS:

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CLOSEST RELATIVE'S NAME:	PHONE:
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EMAIL ADDRESS:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE YOU INITIAL & SIGN YOUR NAME BELOW:

1. I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for disqualification from the selection process or dismissal from City employment. Initial _____
2. I authorize the persons, employers, and agents of employers listed on this application and all attachments to give you any and all information concerning any previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. Initial _____
3. I authorize investigation of all statements contained in this application and authorize the investigation of all matters contained in this application and hereby give the City of St. James and/or St. James Municipal Utilities (SJMU) permission to contact any party that may have information about my work record, educational history, military record, financial record, criminal record, general reputation, and past or present medical record and condition. Initial _____
4. In consideration of my employment, I agree to conform to the policies, rules, and regulations of the City of St. James and St. James Municipal Utilities, and my employment and compensation can be terminated, with or without cause, and with or without notice, at the option of either the City of St. James, St. James Municipal Utilities, or myself. I understand that no City or SJMU employee has any authority to enter into any agreement for employment for any specified period of time or to make an agreement contrary to the foregoing. Initial _____
5. I understand that pre-employment drug testing as well as drug testing and physical examinations after employment may be required as a condition of employment depending on the nature of the job for which I submitted this application. Initial _____
6. I understand that continued employment may be based on the successful passing of job-related physical examinations depending on the nature of the job for which I submitted the application. Initial _____
7. I understand this application may be used to apply for any job with the City of St. James and/or St. James Municipal Utilities. To be considered for another position, I understand that I must re-apply. Initial _____
8. I hereby waive all rights to access or review of any information granted to me by the Privacy of Information Act. This waiver of access includes all information the City and/or SJMU obtains throughout the application and selection process. Initial _____

SIGNATURE _____ DATE _____

CITY OF ST. JAMES & ST. JAMES MUNICIPAL UTILITIES

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

(Completion of Information below is voluntary)

As required, we comply with government regulations including Affirmative Action obligations where they apply. To comply with requirements regarding government record keeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is greatly appreciated.

Please be advised that your survey is not a part of your official employment application. It is considered confidential information that will not be used in any hiring decision.

Applicant Full Name:

Date:

Address:

City, State & Zip Code:

Referral Source:

Advertisement Employee Relative Walk-In School Employment Service

Other: _____ **Name of Source:** _____

Check one: Male Female Prefer Not Answer

Check one of the following Race/Ethnic Groups:

Black Hispanic White Asian/Pacific Islander American Indian/Alaskan Native

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitations Act of 1973 are required to take affirmative action to employ and advance in employment qualified veterans and veterans of the Vietnam Era and qualified disabled individuals.

The following information is strictly voluntary, if you qualify, to assist in proper placement and determining reasonable accommodations. This information will be considered confidential, and refusal to provide this information will have no adverse effect on your consideration for employment.

If you wish to be identified, please check if any of the following are applicable:

Vietnam Era Vet Disabled Vet Disabled Individual

NOTE – THIS FORM WILL BE FILED SEPARTELY FROM YOUR EMPLOYMENT APPLICATION & IS STRICTLY VOLUNTARY. FORM IS NOT FOR INTERVIEW PURPOSES. FORM IS TO BE COMPLETED BY APPLICANT.

THIS INFORMATION IS USED FOR AFFIRMATIVE ACTION PURPOSE AS WELL AS COMPLYING WITH STATE & FEDERAL LAWS AND REGULATIONS.