



CITY OF FERGUSON

APPLICATION FOR EMPLOYMENT

If you require assistance with this application please
Contact the City of Ferguson Human Resource Dept.

Name of Applicant: _____ Date: _____

List Position(s) For Which You Are Applying:

1.

2.

3.

*Applicants for Police Officer and Firefighter/EMT please attach copies of any necessary certificates.

CITY of FERGUSON

Is An Equal Opportunity
Employer

110 Church Street
Ferguson, MO 63135
(314) 524-5256

EQUAL EMPLOYMENT OPPORTUNITY IS THE LAW. DISCRIMINATION IS PROHIBITED BY THE CIVIL RIGHTS ACT OF 1964. THE AGE DISCRIMINATION IN EMPLOYMENT ACT AND THE EQUAL PAY ACT.

Title VII of the Civil Rights Act of 1964. The Age Discrimination in Employment Act and The Equal Pay Act, administered by the Equal Employment Opportunity Commission, prohibit discrimination because of race, color, religion, sex, national origin or age by employers, labor organizations, employment agencies and joint labor-management committees for apprenticeship or training. Any person who believes he or she has been discriminated against should contact the Equal Employment Opportunity Commission.

PERSONAL INFORMATION

Full Name - (LAST, FIRST, MIDDLE)	Other Surnames used	SSN (Last 4-digits ONLY)
Present Address - Street	City	State, Zip
Email address		Alternate Telephone

Other addresses used within the last 5 years, if so please list.

EDUCATION

Schools	Name	Location	No. Years Attended	Grad. Year	Degree	Major Subject
High School						
College						
Graduate						
Other/ Academy*						

***FIRE AND POLICE (Applicants for Police Officer and Firefighter/EMT please attach copies of any necessary certificates.)**

ACTIVITIES

List any Scholastic honors you received and professional organizations in which you are active (OPTIONAL)

SKILLS

Typing Speed Business machines/software which you can operate & years or months of experience

OTHER

Will you be available to work Overtime?

YES NO Monday-Friday Saturday Sunday

Type of Employment desired

Full Time Part Time Temporary Seasonal

Do you currently have any friends or relatives employed by the CITY OF FERGUSON?

YES NO If YES, Whom?

To your knowledge do you have a relative employed by a Law Firm or company with an interest in any legal matter in which the City of Ferguson may have an interest? YES NO

Have you ever been employed by the City of Ferguson previously? YES NO

List your operator's license number _____ State _____

If you DO NOT have a operators license and have a MO I.D., list the number _____ State _____

Military Service

YES NO If "YES" Branch _____ Rank _____ Dates _____

LIST 3 INDIVIDUALS (NOT RELATIVES) AS REFERENCES

(PLEASE PRINT)

NAME	ADDRESS	PHONE	HOW LONG ACQUAINTED
1.			
2.			
3.			

EMPLOYMENT HISTORY

(Account for All Time Last 10 Years)

PRESENT OR LAST EMPLOYER

Name of Employer	Telephone No.		
Address-Street	City	State, Zip	Immediate Supervisor
Employment Dates (MO & YR) From: _____ To: _____	Title of Position	Salary-Start	Salary-End
Reason For Change or Leaving			
Description of Duties			
=====			
Name of Employer	Telephone No.		
Address-Street	City	State, Zip	Immediate Supervisor
Employment Dates (MO & YR) From: _____ To: _____	Title of Position	Salary-Start	Salary-End
Reason For Change or Leaving			
Description of Duties			
=====			
Name of Employer	Telephone No.		
Address-Street	City	State, Zip	Immediate Supervisor
Employment Dates (MO & YR) From: _____ To: _____	Title of Position	Salary-Start	Salary-End
Reason For Change or Leaving			
Description of Duties			
=====			

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY

(Addition Information)

(Please List Any Additional Employment or Any Information you believe would be helpful)

Do you have the legal right to accept
Employment in the U.S. YES NO

How did you hear about this position?

I, _____, hereby authorize the City of Ferguson, Mo. to obtain a record check and review of any and all law enforcement records as to arrests, convictions and investigations that may pertain to me. I acknowledge that said records may be used in assisting the City of Ferguson in its determination of whether or not employment by the City will be offered to me.

I hereby further consent to the taking of a drug test for the purpose of determining whether I will be considered for hiring by the City of Ferguson. I understand prior to the test, I am obliged to notify the City of Ferguson if I am undergoing authorized prescribed medical treatment with controlled substances or prescription drugs and to report the specific drugs or treatment that I am receiving, in order to avoid any confusion in the test results.

I further understand that I may also be subject to a physical and/or psychological exam.

Applicant's Full Name Printed

The facts set forth in my application are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. I understand that if I am hired, employment is not for any specific period of time.

Applicant's Signature

Date