



**APPLICATION FOR  
EMPLOYMENT**

110 CHURCH STREET  
FERGUSON, MO 63135  
(314) 524-5256

If you require assistance with this application please contact the City of Ferguson Human Resources Department.

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.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_ FULL-TIME, PART-TIME **OR** SEASONAL  
(Circle your choice)

**PREVIOUS MILITARY SERVICE:**

ARE YOU A VETERAN? Yes \_\_\_ No \_\_\_ IF YES, BRANCH OF SERVICE: \_\_\_\_\_

DATES OF SERVICE ENTERED: \_\_\_\_\_ DISCHARGED: \_\_\_\_\_

Do you have reliable transportation? Yes \_\_\_ No \_\_\_

**COMPLETE THE FOLLOWING FOR POSITIONS WHERE SPECIAL LICENSING IS REQUIRED.**

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.**

**EDUCATIONAL BACKGROUND**

SCHOOL	LOCATION	CREDITS COMPLETED/ No. YEARS ATTENDED	DEGREE EARNED	GRADUATED?

**WORK EXPERIENCE**

BEGINNING WITH YOUR **MOST RECENT** EMPLOYMENT, LIST YOUR WORK HISTORY.  
**PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY TO PROVIDE 5 YEARS WORK HISTORY.**

1. POSITION HELD: \_\_\_\_\_ SALARY: \_\_\_\_\_  
DATES OF EMPLOYMENT From: \_\_\_\_\_ To: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DUTIES/RESPONSIBILITIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
May we contact this employer? Yes \_\_\_ No \_\_\_

2. POSITION HELD: \_\_\_\_\_ SALARY: \_\_\_\_\_  
DATES OF EMPLOYMENT From: \_\_\_\_\_ To: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DUTIES/RESPONSIBILITIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
May we contact this employer? Yes \_\_\_ No \_\_\_

3. POSITION HELD: \_\_\_\_\_ SALARY: \_\_\_\_\_  
DATES OF EMPLOYMENT From: \_\_\_\_\_ To: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DUTIES/RESPONSIBILITIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
May we contact this employer? Yes \_\_\_ No \_\_\_

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

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## REFERENCES

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

1. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
HOW DO YOU KNOW THIS PERSON: \_\_\_\_\_  
HOW LONG? \_\_\_\_\_

2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
HOW DO YOU KNOW THIS PERSON: \_\_\_\_\_  
HOW LONG? \_\_\_\_\_

3. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
HOW DO YOU KNOW THIS PERSON: \_\_\_\_\_  
HOW LONG? \_\_\_\_\_

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

Yes \_\_\_ No \_\_\_

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

Were you referred by a current employee of the City of Ferguson? Yes \_\_\_ No \_\_\_

How did you hear about this position? \_\_\_\_\_

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/taken an examination for the City of Ferguson? Yes \_\_\_ No \_\_\_

Do you have any relatives now employed by the City of Ferguson? Yes \_\_\_ No \_\_\_

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

If you are selected for a position, how soon are you available to start work? \_\_\_\_\_

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**PLEASE READ CAREFULLY BEFORE SIGNING**

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City policy requires all candidates, when a bona fide job offer has been made, to pass pre-employment examination including background and drug screen. Failure of the applicant to consent DATE to these inquiries and tests, and depending on the position, additional screening in the form of a credit check, physical examination, 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 Ferguson, 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.

**Do you have the legal right to accept Employment in the United States?** Yes \_\_\_ No \_\_\_

It is the policy of the City of Ferguson 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.

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**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.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**CITY OF  
FERGUSON** 110  
CHURCH STREET  
FERGUSON, MO 63135  
(314) 524-5256  
(314) 524-5054 FAX

**CERTIFICATE OF APPLICANT  
AUTHORIZATION FOR RELEASE OF  
INFORMATION  
(PLEASE READ CAREFULLY BEFORE SIGNING)**

I, \_\_\_\_\_, hereby certify that all statements made on or in connection with my application for employment are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements or omission of material facts can cause forfeiture on my part of all rights to employment by the City of Ferguson.

I hereby 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 obligated to notify the City of Ferguson if I am undergoing authorized prescription 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.

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the City of Ferguson and its designated agents to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment, or retention as an employee. I understand that the scope of the consumer report may include, but is not limited to, the following areas: verification of social security number, current and previous residences, employment history, education, references, credit history, criminal history (local, state, and federal), birth records, motor vehicle records, and any other public records.

I authorize the complete release of these records or data pertaining to me that all law enforcement agencies, the Veterans Administration, all military agencies, all federal, state or local government agencies, state and federal tax bureaus, credit bureaus, schools, universities, and current and prior employers, to furnish the City of Ferguson, or its designated agents, with any and all available information regarding me in order that they may determine my suitability for employment with the City of Ferguson.

I authorize the release of any and all information regarding my employment, credit, or any other information, whether personal or otherwise, by the persons and entities described herein that may or may not be on their records and release such persons and entities from all liability for any damage whatsoever that may issue from furnishing such information to representatives of the City of Ferguson. A photo copy of this authorization will be considered as effective and valid as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Month and Day of Birth

\_\_\_\_\_  
Social Security Number (Last Four)

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State Issued



CITY OF FERGUSON  
FAIR CREDIT REPORTING ACT DISCLOSURE AND  
AUTHORIZATION

In considering you as an applicant for employment or evaluating me as a current employee, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes:

A "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

Please refer to the attached written summary of your rights under the Fair Credit Reporting Act for further information.

**AUTHORIZATION**

By signing below, you hereby authorize us to obtain a consumer report and/or an investigative report about you for the purposes stated above. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure such reports at any time during the employment period.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed)

4/27/2022