

## City of Weldon Spring, Missouri ~ Application Form

5401 Independence Road Weldon Spring, MO 63304

Website: www.weldonspring.org

Phone: (636) 441-2110 Fax: (636) 441-8495

**Instructions:** Fill in all necessary information. You may provide additional information on additional sheets of paper or add space to this form. The City only accepts and retains for a period of one year applications for positions it is attempting to fill. Please print or type.

First Name	Middle	Last	Name
Social Security #	Phone (	)	
Address	City/State	ZIP	
Primary email address:			
Position applying for:			
Special training or skills (language, equipob for which you are applying:	•	-	
Have you ever been convicted of a felo	ny? Yes N	lo	If yes please explain:
Are you available to work full-time wo	rk? Yes N	0	
Would you accept part-time work? Yes	s No		
On what date would you be available for	or work?		
Have ever been employed here before?	Yes No _	]	Dates
Do you have a legal right to be employer equired)	ed in the U.S.?	Yes _	No (If yes, proof is

Are	you	of leg	al age t	o work?	Yes	No
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## **Educational Background**

High S	School/GED: Name and location		
		Did you graduate? Yes _	
	·	Date	
Assoc	iate/Undergraduate College/Univ Name and location	ersity:	
	Course of study	Did you graduate? Yes _	No
	Degree or diploma	Date	_
Gradu	ate College/University:  Name and location		
	Course of study	Did you graduate? Yes _	No
	Degree or diploma	Date	_
Vocati	ional Training - other:  Name and location		
	Course of study	Did you graduate? Yes _	No
	Degree or diploma	Date	_
Contir	nuing Education:		
	ent/Previous Employers are not want us to contact. List the	nd Addresses Place an 'X' by t most recent employer first.	he employer(s') name
1.	Company Name	Phone (	)
	Contact Name	Employed from	To
	Address	City St	rate/ZIP
	Position	Reason for leaving	Last wage
2.	Company Name	Phone (	)
		Employed from	To
	Weldon Spring tion for Employment	- 2 -	Revised 03/07/19

	Address	City		State/ZIP
	Position	Reason for leaving _		Last wage
3.	Company Name		_ Phone (	)
	Contact Name	Employe	d from	To
	Address	City		State/ZIP
	Position	Reason for leaving _		Last wage
Refe	rences List three non-re	lated references.		
1.	Name		_ Phone (	)
	Address	City		State/ZIP
2.	Name		_ Phone (	)
	Address	City		State/ZIP
3.	Name		_ Phone (	)
	Address	City		State/ZIP
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Appli	cant's Signature		Da	ate