



CITY OF TWIN OAKS

1381 Big Bend Road • Twin Oaks, MO 63021
(636) 225-7873 • fax (636) 225-6547 • www.cityoftwinoaks.com

EMPLOYMENT APPLICATION

General Information

Job Title _____		
First Name _____	Middle Name: _____	Last Name _____
Address _____		
City _____	State _____	Zip Code _____
Primary Phone _____	Alternate Phone _____	Email _____
Availability (Check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Overtime		
How long do you anticipate being employed by the City? _____		

Eligibility

Do you have a legal right to work in the U.S.? Yes No
If a specific work schedule has been included in the recruitment posting, are you available to work during the days, times, and/or shifts as indicated? Yes No
If you answered "no", please explain:

Driver's License

Do you have a valid Driver's License? Yes No	Driver's License State _____
Do you have a CDL endorsement? Yes No	If you have a CDL Endorsement, please state which: _____

Education Information

High school	
High School Name _____	Did you graduate? Yes No GED
City _____	State _____
College/University/Trade School	
Name of College/University/Other _____	Credit Hours Completed _____
City _____	State _____
Degree (Associates, Bachelors, Masters, etc.) _____	Major _____

Employment Information

Please enter at least 10 years work history, plus any additional applicable work experience. Attach additional sheets if necessary.

Current or Most Recent Employer		
Start Date _____	End Date _____	Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Self-Employed
Employer _____		
City _____	State _____	Phone Number _____
Position Title _____	Annual Base Salary _____	
Duties 		
Reason for Leaving 		
Supervisor Name _____	Supervisor Phone or Email _____	May we contact for reference? Yes No

Employment Information

Please enter at least 10 years work history, plus any additional applicable work experience. Attach additional sheets if necessary.

Previous Employer		
Start Date _____	End Date _____	Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Self-Employed
Employer _____		
City _____	State _____	Phone Number _____
Position Title _____	Annual Base Salary _____	
Duties 		
Reason for Leaving 		
Supervisor Name _____	Supervisor Phone or Email _____	May we contact for reference? Yes No

Employment Information

Please enter at least 10 years work history, plus any additional applicable work experience. Attach additional sheets if necessary.

Previous Employer		
Start Date _____	End Date _____	Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Self-Employed
Employer _____		
City _____	State _____	Phone Number _____
Position Title _____	Annual Base Salary _____	
Duties 		
Reason for Leaving 		
Supervisor Name _____	Supervisor Phone or Email _____	May we contact for reference? Yes No

Applicant Statement

I certify that all statements made on this application form and, if applicable, any supplemental questionnaire(s) are true and complete to the best of my knowledge. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from the City service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that the information provided on all employers may be used, and the previous employers may be contacted for the purpose of investigating my work history. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by a written document or by conduct unless such change is specifically agreed to in writing by the City Administrator of this organization. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to alcohol and/or drug testing to detect the use of alcohol and/or illegal drugs prior to and during employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____

Date: _____