



One Detjen Drive  
Crestwood, MO 63126  
(314) 729-4779

## OFFICE OF HUMAN RESOURCES

### EMPLOYMENT APPLICATION

The City of Crestwood is an equal opportunity employer and considers all applicants for employment without regard to race, color, religion, sex, age, ancestry, national origin, disabled or veteran status.

#### General Instructions:

1. Print clearly or type information.
2. Give complete and concise answers to all questions. You can be credited only with the education and experience shown on this application and any required supplementary forms.
3. False, incomplete or inaccurate information may be considered justification for disqualification or discharge.
4. When complete, please apply online, send to the Deputy City Administrator, Jeff Faust at [jfaust@cityofcrestwood.org](mailto:jfaust@cityofcrestwood.org) or mail to City of Crestwood, 1 Detjen Dr, St. Louis, MO 63126

Date of Application: \_\_\_\_\_

Title for position which applying: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

What type of work do you desire? Full-Time? ☐ Part-Time? ☐ Summer/Seasonal? ☐

If part-time, what days and hours are you available for work? \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

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

Have you ever been discharged or forced to resign? Yes ☐ No ☐

*If yes, give name and address of employers, date of your discharge or forced resignation, and the reason therefore on a separate sheet of paper.*

Have you ever been convicted, fined, imprisoned, or placed on probation, or have you ever been ordered to deposit collateral for alleged breach or violation of any law, police regulations or ordinance except minor traffic violations? Yes ☐ No ☐

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

Are you a citizen of the United States? Yes ☐ No ☐

Are you legally authorized to work in the United States (proof required by law)? Yes ☐ No ☐

Are you a veteran? Yes ☐ No ☐ Military Discharge Date: \_\_\_\_\_

Are any of your relatives/friends employed by the City of Crestwood? Yes ☐ No ☐

If yes, please state their name and position/department \_\_\_\_\_

After reading the job description, to the best of your knowledge, would you be able to perform all the essential functions of the position, with or without reasonable accommodations? Yes ☐ No ☐

## EDUCATION/TRAINING

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### High School

Name and Location of High School \_\_\_\_\_

How many years completed? 1 2 3 4 Did you graduate? Yes, Graduation Yes, G.E.D. No

### Post-Secondary Schooling

**Name and Location of Program:** \_\_\_\_\_

Did you graduate? Yes ☐ No ☐ Total Hours Attended \_\_\_\_\_

Attended From/To: \_\_\_\_\_ Degree Received: \_\_\_\_\_

Other information: \_\_\_\_\_

**Name and Location of Program:** \_\_\_\_\_

Did you graduate? Yes ☐ No ☐ Total Hours Attended \_\_\_\_\_

Attended From/To: \_\_\_\_\_ Degree Received: \_\_\_\_\_

Other information: \_\_\_\_\_

Please describe any other pertinent training, honors, certifications or licenses you would like considered:

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Please describe any equipment you can operate for this position: \_\_\_\_\_

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## EMPLOYMENT HISTORY

Please give the following information, beginning with your **current or most recent** employment. If you need additional space, please continue on a separate sheet of paper.

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**Employer 1:** \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ - \_\_\_\_\_ Rate of Pay: Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we call for reference? Yes ☐ No ☐

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**Employer 2:** \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ - \_\_\_\_\_ Rate of Pay: Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we call for reference? Yes ☐ No ☐

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**Employer 3:** \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ - \_\_\_\_\_ Rate of Pay: Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we call for reference? Yes ☐ No ☐

**Please share any other information you feel may be helpful to us in considering your application:**

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

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Please give the following for three persons not related to you, whom you have known at least one year.

**Contact Name 1:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact Name 2:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact Name 3:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

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I hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to employment by the City of Crestwood.

I do hereby authorize all Federal, State or Local Government Agencies, all Law Enforcement Agencies, the Veterans Administration, Military Agencies, State and Federal Tax Bureaus, Credit Bureaus, Schools and Universities to furnish the City of Crestwood, any and all available information regarding me in order that they may determine my suitability for work.

I hereby authorize the City of Crestwood to make such investigations and inquiries as to my character, employment record, education records including transcripts, credit histories and conviction records as may be deemed necessary in arriving at an employment decision. I hereby release employers, schools, law enforcement agencies and persons from all liability for any damage whatsoever that may ensue from furnishing the same to the City of Crestwood.

I voluntarily consent to a thorough investigation of my past employment and activities. I give the City of Crestwood the right to make checks on my background and financial history, if applicable, and release from all liability or responsibility all persons, companies or corporations supplying such information.

A photocopy, Xerox, emailed or faxed copy of this authorization will be considered as effective and valid as the original.

*Before signing, please check to insure that all questions have been answered in a thorough manner. An incomplete application may result in the application being rejected or delayed, which could result in a lost job opportunity.*

**Applicant's Name (Printed)** \_\_\_\_\_

**SIGNATURE (must be in ink):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## CONVICTION RECORD RELEASE

The information requested is for identification purposes and is required by police authorities to properly identify and check an applicant. All applicants must supply this information. Having a conviction record does not necessarily bar you from employment. Each case is considered individually with reference to the position for which you are applying. Applicants selected for positions which involve driving a city vehicle will have their driving records checked. Possession of a poor driving record may result in not being hired or termination of employment.

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Name: \_\_\_\_\_  
LAST FIRST MIDDLE

List other names you have used, gone to school under and/or worked under (including maiden): \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number & State of Issuance: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State

Present Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Previous Address 1: \_\_\_\_\_  
STREET CITY STATE ZIP

Previous Address 2: \_\_\_\_\_  
STREET CITY STATE ZIP

I hereby certify the above information is correct and authorize the release of my entire record to the City of Crestwood Department of Police.

SIGNATURE (must be in ink): \_\_\_\_\_ DATE: \_\_\_\_\_