



City of Herculaneum  
#1 Parkwood Court  
Herculaneum, MO. 63048  
636-475-4447

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address: Apartment/Unit #*  
\_\_\_\_\_  
*City State: Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ SSN: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Are you a citizen of the United States? ☐ YES ☐ NO If no, are you authorized to work in the U.S.? ☐ YES ☐ NO

Have you ever worked for this company? ☐ YES ☐ NO If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? ☐ YES ☐ NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate: \_\_\_\_\_ Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate: \_\_\_\_\_ Degree: \_\_\_\_\_

## **References**

*Please list three professional references.*

Full Name:	Relationship:
Company:	Phone:
Address	
Full Name:	Relationship:
Company:	Phone:
Address	
Full Name:	Relationship:
Company:	Phone:
Address	

## **Previous Employment**

Company:	Phone:	
Address	Supervisor:	
Job Title:	Starting Salary:	Ending Salary:
Responsibilities:		
From:	To:	Reason for Leaving:
YES NO		
May we contact your previous supervisor for a reference?		

Company:	Phone:	
Address	Supervisor:	
Job Title:	Starting Salary:	Ending Salary:
Responsibilities:		
From:	To:	Reason for Leaving:
YES NO		
May we contact your previous supervisor for a reference?		

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO  
☐ ☐

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_