

Date: _____



P.O. Box G • Troy, MO 63379
(636) 528-7001 Fax (636) 528-7016

APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL INFORMATION (Please Print Clearly)

Name _____ Soc. Sec. # _____
Last First Middle

Address _____
Street City State Zip

Telephone No. () _____ - _____ Are you over 18 years of age? Yes No
(If no, a work permit may be required.)

Are you legally eligible for permanent employment in the United States? Yes No
(If hired, verification is required by law.)

EMPLOYMENT DESIRED

Position(s) applied for _____ Full Time Part Time Seasonal

Referred by: _____

Are you employed now? Yes No If yes, may we inquire of your present employer? Yes No

Date you are available to start work _____ Salary Desired \$ _____

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever worked for this company or any of its affiliates before? Yes No

If yes, When? _____ Location? _____ Position? _____

Have you ever been bonded in prior employment? Yes No

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? Yes No

If yes, list convictions: (A conviction does not necessarily disqualify an applicant for employment.)

MILITARY SERVICE

Branch of Service	From	To	Rank & Duties	Date Discharged

EDUCATION

Name & Location of School	Course of Study	Years Completed	Did You Graduate? (Indicate if still attending)
Elementary			
High School			

Date: _____

College	Major		
	Minor		
Other			

EMPLOYMENT HISTORY (Start with current or most recent employer)

Dates (Month/Yr) From: _____ To: _____ Final Salary: \$ _____	Employer Name: _____ Address: _____ Telephone:() _____ - _____ Supervisor: _____	Position: Reason for Leaving
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PERSONAL REFERENCES (Please list 3 people not related to you, whom you have known at least 1 year.)

Name	Address	Telephone	Occupation	Yrs. Known

GENERAL

Special Skills, Training, Awards, Accomplishments (Exclude any information that would reveal Race, Color, Religion, Sex, National Origin, Citizenship, Age, Mental Or Physical Disabilities, Veteran/Reserve National Guard or any other similarly protected status.)

APPLICANT STATEMENT

The above information is true, correct, and complete to the best of my knowledge. Should I be employed by the Company, any omission, misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Company has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I may resign such employment at any time at my discretion with or without cause and with or without prior notice as may be required by the Company and the

Date: _____

Company may terminate my employment at any time at their discretion, with or without cause, and with or without prior notice, except as may be required by law.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

DATE: _____

SIGNATURE: _____

**EEOC/ AFFIRMATIVE ACTION
VOLUNTARY INFORMATION**

P.O. Box G • Troy, MO 63379
(636) 528-7001 Fax (636) 5286-701

This employer is an equal opportunity employer. As part of our efforts to ensure fair treatment of women, minorities, individuals with disabilities, and veterans, we ask applicants to supply the following information.

YOU DO NOT HAVE TO COMPLETE THIS FORM TO BE CONSIDERED FOR EMPLOYMENT. ANY INFORMATION VOLUNTEERED WILL BE KEPT CONFIDENTIAL AND WILL NOT BE USED FOR HIRING PURPOSES.

Position Applied For: _____ Date: _____

Sex (check one):

- Male Female

Race (Check Only One)

- Hispanic or Latino (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)
- White (All persons having origins in any of the original peoples of Europe, North Africa or the Middle East)
- Black or African American (Not of Hispanic origin—all persons having origins in any of the Black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander
- Asian (All persons having origins in any of the original peoples of the Far East, Southeast Asia)
- American Indian or Alaskan Native (All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition)
- Two or more races (Please identify)

Referral Source (check one or more):

- Walk-in Employee Advertisement – Source _____
- Relative School Other
- Government Employment Agency Private Employment Agency

Name of person who referred you (if applicable): _____

If you are a veteran, please supply the following information:

- Veteran
Dates of Service: To: _____ From: _____
- Disabled Veteran
Dates of Service: To: _____ From: _____
- Vietnam-Era Veteran
Dates of Service: To: _____ From: _____

If you have a disability that requires accommodation(s) to perform this position, please explain what accommodation(s) would allow you to handle this job successfully:

Signature: _____ Date: _____

TO BE FILED SEPARATELY FROM APPLICATION