



**PART-TIME EMPLOYMENT APPLICATION**  
The Center of Clayton ● (314) 290-8500 ● 50 Gay Avenue, Clayton, Missouri 63105

**GENERAL INFORMATION** (Please print)

Position(s) of interest \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State & Zip)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

If you are under 16, can you furnish a work permit?  Yes  No

Specify days and hours available to work: \_\_\_\_\_

Are you a U.S. citizen or can you establish that you are an authorized worker?  Yes  No

If you have previously applied for employment with the City of Clayton, state date(s) and position(s) applied for

If you have relatives currently employed by the City of Clayton, please state name(s) and relationship(s)

Have you ever pled guilty, nolo contendere ( no contest) or been convicted of a felony?  Yes  No

If yes, describe in full: (Conviction will not necessarily disqualify an applicant from employment.) \_\_\_\_\_

Are you now under charges for any offense against the law?  Yes  No

If yes, describe in full: \_\_\_\_\_

The City of Clayton is an equal opportunity employer, and does not discriminate on the basis of race, color, creed, religion, national origin, age, gender, disability, handicap or veteran status.

It is the goal of the City of Clayton to make jobs, services, and programs accessible to all individuals. For information regarding other formats of employment application materials, please contact the Human Resources Office at (314) 290-8448.

**EDUCATION**

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High School \_\_\_\_\_

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

Grade completed? \_\_\_\_\_

GED completed? \_\_\_\_\_

College or University: \_\_\_\_\_

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

Was program completed/  
Degree Awarded? \_\_\_\_\_

Type of Degree \_\_\_\_\_

**SPECIAL SKILLS**

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Indicate skills you possess only if relevant to the job(s) for which you are applying.

Typing                       Transcription                       Computer Data Entry

Cash Register                       Other \_\_\_\_\_

Personal computer: List software you have used \_\_\_\_\_

Please list any certifications that relate to the position \_\_\_\_\_

Additional information that might qualify you for the position \_\_\_\_\_

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**FOR DRIVING JOBS ONLY**

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Do you have a valid driver's license?  Yes  No

Driver's license number \_\_\_\_\_

Class of license \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years?  Yes  No

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**PAST EMPLOYMENT INFORMATION**

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We must have accurate and complete information on previous job tasks and levels of responsibility because your work experience is an important factor in evaluation of your qualifications. List the names of employers in consecutive order with present or most recent employer listed FIRST. Please indicate employers you would not wish to be contacted. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and business references. A resume is welcome, however, it is our policy that an application to be completed in its entirety by every applicant.

Attach additional sheets if necessary.

Name of Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(Street) (City) (State) (Zip)

Employed from \_\_\_\_\_ to \_\_\_\_\_ Your job title \_\_\_\_\_

Pay Start \_\_\_\_\_ Final \_\_\_\_\_ Name of Last Supervisor \_\_\_\_\_

May we contact this employer?  Yes  No

Duties \_\_\_\_\_

Reason(s) for leaving or seeking other employment:  
\_\_\_\_\_

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Name of Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(Street) (City) (State) (Zip)

Employed from \_\_\_\_\_ to \_\_\_\_\_ Your job title \_\_\_\_\_

Pay Start \_\_\_\_\_ Final \_\_\_\_\_ Name of Last Supervisor \_\_\_\_\_

May we contact this employer?  Yes  No

Duties \_\_\_\_\_

Reason(s) for leaving or seeking other employment:  
\_\_\_\_\_

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Name of Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(Street) (City) (State) (Zip)

Employed from \_\_\_\_\_ to \_\_\_\_\_ Your job title \_\_\_\_\_

Pay Start \_\_\_\_\_ Final \_\_\_\_\_ Name of Last Supervisor \_\_\_\_\_

May we contact this employer?  Yes  No

Duties \_\_\_\_\_

Reason(s) for leaving or seeking other employment:  
\_\_\_\_\_

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**REFERENCES**

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List three people who are not related to you and who have definite knowledge of your business or professional qualifications for the position for which you are applying. Do not repeat names of supervisors listed under work history.

Full Name

Address

Phone

Occupation

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**CERTIFICATION**

I certify that all statements on this application are true and complete. I understand that false statements or omissions on this application may result in rejection of application or dismissal from employment whenever discovered. I authorize the City of Clayton to make any investigation regarding past employment and education and authorize the references listed above to give you any and all information they possess, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.

I understand that this employment application is not a contract of employment and that if I am hired, may voluntarily leave employment at any time and my employment may be terminated by the City at any time with or without cause or notice.

Signature

Date

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