

APPLICATION FOR EMPLOYMENT

United Way
of Greater St. Louis



Date _____

Social Security # _____

910 North 11th – St. Louis, MO 63101

PERSONAL

Name _____
Last First Middle Previous names you have worked under

Home Telephone _____ Business Telephone _____

Address _____
Street City State Zip

Have you ever been convicted of a crime? Yes No If "yes", please explain _____

Have you worked here before? Yes No

How were you referred to us? _____

GOALS

Position Desired:
First Choice _____ Second Choice _____ Salary Requirement Per Month \$ _____

What is your ultimate vocational goal? _____

I feel I am qualified for the positions named above because _____

EDUCATION

Type of School	Name/Location	Dates From To	Degree	Major Subjects	GPA or Standing
High School					
College or University					
Graduate School					
Technical, Business or Other					

List scholastic honors or school activities: _____

List in order with LAST Employer first. Account for last 10 years employed or years employed, if less than 10 years.

1. From	To	Position Held	Supervisor	Salary
Month Year	Month Year		Name Phone	Starting \$_____ Last \$_____
Company		Address		Reason for Leaving

Description of duties (indicate significant responsibilities, accomplishments, and contributions)

May we contact? Yes () No () Remarks:

2. From	To	Position Held	Supervisor	Salary
Month Year	Month Year		Name Phone	Starting \$_____ Last \$_____
Company		Address		Reason for Leaving

Description of duties (indicate significant responsibilities, accomplishments, and contributions)

May we contact? Yes () No () Remarks:

3. From	To	Position Held	Supervisor	Salary
Month Year	Month Year		Name Phone	Starting \$_____ Last \$_____
Company		Address		Reason for Leaving

Description of duties (indicate significant responsibilities, accomplishments, and contributions)

May we contact? Yes () No () Remarks:

4. From	To	Position Held	Supervisor	Salary
Month Year	Month Year		Name Phone	Starting \$_____ Last \$_____
Company		Address		Reason for Leaving

Description of duties (indicate significant responsibilities, accomplishments, and contributions)

May we contact? Yes () No () Remarks:

EMPLOYMENT

HISTORY

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Do you type? Yes No WPM _____ Do you take shorthand? Yes No WPM _____

Office machines you can operate proficiently _____

List any special skills or relevant experience _____

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Branch of Service _____ Dates of Duty: From _____ To _____

Rank at Discharge _____

Major duties related to this job _____

Training that would relate to this job _____

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To what community, social, and professional organizations do you belong (exclude religious and political groups)?

What hobbies or recreational activities do you enjoy? _____

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Give names and addresses of associates, not relatives or former employers, who may be contacted as personal references:

Name _____	Address _____	
Phone _____	Occupation _____	Years Known _____

Name _____	Address _____	
Phone _____	Occupation _____	Years Known _____

Name _____	Address _____	
Phone _____	Occupation _____	Years Known _____

I do hereby release to the United Way of Greater St. Louis, Inc. and its advertising agency, if I am employed by said company, all rights to publish in its brochures and publications and any other media of communications, newspapers, or magazines and waive all claims of any kind now known to me or at any time in the future arising out of use of photos, printed material, or articles directly concerned or connected with my employment at the above-mentioned company.

I voluntarily give the United Way of Greater St. Louis, Inc. the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

I agree that the entire contents of this application form may be used by the United Way of Greater St. Louis, Inc. in whatever manner it may wish.

I further understand that any false answers or statements made by me on this application or any supplement hereto or in connection with the above-mentioned investigation will be sufficient grounds for immediate discharge, regardless of length of employment

Signature of Applicant _____ Date _____
(Thank you for your interest in the United Way of Greater St. Louis)

Additional comments, if any _____

An Equal Opportunity Employer

To be filled in after employment

Date of Birth _____ Do you have a valid driver's license? _____

Social Security Number _____

Please provide us with the name, address and telephone number of a family member or friend who should be contacted in case of an emergency.

Name of Person to Contact: _____

Address: _____

Telephone Number (Home) _____ (Work) _____

Should you become unconscious or unable to communicate, which city emergency facility would you prefer to be transported to? (For your information, EMS/911 will only transport to hospitals within the city limits from downtown. Also, depending on the circumstances, EMS may decide which hospital to take you to.)

Hospital Preference: _____

List any medications that you are allergic to: _____