



City of Brentwood
2348 South Brentwood Boulevard, Brentwood, Missouri 63144

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for the job opening for which it was submitted. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature. This means either you or the City may terminate employment relationship at any time. No entity or individual other than the City Administrator is authorized to modify the Employee Manual or enter into any agreement, oral or written, contrary to the policies and procedures contained herein.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will lead to discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____

Date _____

AFFIRMATIVE ACTION DATA RECORD

In order to provide equal employment and advancement opportunities to all individuals, it continues to be the policy of the City of Brentwood to implement fair, effective and positive personnel and management practices. These practices are designed to insure the full realization of equal employment opportunity without regard to race, color, religion, gender, age, national origin, ancestry, disability or handicap, status of Vietnam-era or special disabled veteran, or status in any other classification whose consideration is prohibited by law.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

PLEASE COMPLETE THE FOLLOWING SECTIONS:

(Please Print):

Last Name: _____ First Name: _____ Middle Name: _____

Job Applying For: _____

Check One: Male Female

Check one of the following: (Ethnic Origin):

White Hispanic Latino Black

American Indian Alaskan Native Asian Other

Native Hawaiian/Other Pacific Islander

Check if Any of The Following Are Applicable:

Vietnam Era Veteran Disabled Veteran

Disabled Individual

Birth Date: _____

RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING:

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

RELEASE AUTHORIZATION

II. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and /or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

RELEASE AUTHORIZATION

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Missouri Department of Labor.

IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by the City of Brentwood or its agent, to furnish the information described in Section I. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of requests for or release of any of the above mentioned information or reports.

RELEASE AUTHORIZATION

Please print your full name: _____

Last: _____ First: _____ Middle: _____

Please print other names you have used:

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Circle one from each section:

| | | | |
|-------|----------------|--|-----------------|
| Sex: | Male: | Female: | |
| Race: | Asian | Black | Hispanic/Latino |
| | White | Other | American Indian |
| | Alaskan Native | Native Hawaiian/Other Pacific Islander | |

Drivers License Number State Issuing License: _____

Name as is appears in license: _____

Signature Today's Date: _____

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORD!