JOB APPLICATION

WCNAC/DMEC DEPARTMENT OF TREASURY P O Box 24742, Saint Louis, Missouri 63115 636-224-6643



Yes

No

WCNAC/DMEC DEPARTMENT OF TREASURY is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below: **Applicant Information Applicant Name:** Address: City, State and Zip Code: **Telephone Number:** Email Address: Date of Application: **Employment Position** Position(s) applying for: How did you hear about this position? What days are you available for work? What hours or shift are you available for work? If needed, are you available to work overtime? On what date can you start working if you are hired? Do you have reliable transportation to and from work? Salary desired: **Personal Information** Have you ever applied to or worked for WCNAC/DMEC DEPARTMENT OF TREASURY before? Yes No If yes, when? Do you have any friends, relatives, or acquaintances working for WCNAC/DMEC DEPARTMENT OF TREASURY Yes Nο If yes, state name & relationship:

Are you a U.S. citizen or approved to work in the United States?

What document can you pr	rovide as proof of citizenship	or legal status?		
Will you consent to a mand	latory controlled substance te	est?	 Yes	No
•	Do you have any condition which would require job accommodations?			No
	ommodations required below			
Have you ever been convid	cted of a criminal offense (felo	ony or misdemeanor)?	Yes	No
If yes, please state the nati	ure of the crime(s), when and	where convicted and	disposition of the cas	se:
description of the event, and position(s) applied for may, someone Job Skills/Qualifications	,	ances and the releval	nce of the offense to	o the
reasonable accommodation perform essential functions.	ARTMENT OF TREASURY of measures that may be neces It is possible that a hire may lucted by a medical profession	ssary for eligible applic be tested on skill/agilit	ants/employees to	:t to
Education and Training				
High School Name	Location (City, State)	Year Graduated	Degree Earned	
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College/University				
Name	Location (City, State)	Year Graduated	Degree Earned	
Vocational School/Special		Voor Craduated	Dogras Carnad	
Name_	Location (City, State)	Year Graduated	Degree Earned	

Military:

Are you a member of the Armed Serv	ices?		
What branch of the military did you er	ılist?		
What was your military rank when dis-	charged? _		
How many years did you serve in the	military? _		
What military skills do you possess th	at would be a	an asset for this position?	
Previous Employment			
Employer Name: Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			
Dates Employed:			
Reason for leaving:			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone: Dates Employed:			
Reason for leaving:			
_			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address: City, State and Zip Code:			
Employer Telephone:			
Dates Employed:			
Reason for leaving:			
_			
<u>References</u> Please provide 3 personal and profess	ional referend	ce(s) below:	
Reference		Contact Information	

Do you have a problem working with an ecclesiastical order?
Are you a member of any religious order, If so, which kind or one?
Do you have a problem working outside?
AT-WILL EMPLOYMENT
The relationship between you and the WCNAC/DMEC DEPARTMENT OF TREASURY is referred to as "employment at will." This means that your employment can be terminated at any time for any reason with or without cause, with or without notice, by you or the WCNAC/DMEC DEPARTMENT OF TREASURY has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a writter statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.
Applicant Signature: Dated: