**Staff Application for Employment**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Initial Last

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip code

Are you 18 years or older? 🞏Yes 🞏No

Are you eligible for work in the U.S.? 🞏Yes 🞏No

**Employment Information**

Have you ever worked for Laclede Industries before? 🞏Yes 🞏No

**Please discuss your 5 most recent employment positions:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer Name & Address** | **Position/title, & duties performed** | **Reason for Leaving** | **Start Date** | **End Date** | **Reference Phone Number** |
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**Educational Background**

|  |  |  |  |
| --- | --- | --- | --- |
| Education Level | Years Attended | Subjects Studied | Did you graduate? |
| Grade School |  |  |  |
| High School |  |  |  |
| College/Technical School |  |  |  |

**Military Service:**

Are you a veteran? 🞏Yes 🞏No  
Please list any applicable skills or specialized training from your years of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:** Please list 3 persons not related to you whom you have known for at least one year:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Phone Number | Relationship | # Years Known |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Disclosure:**

I certify that all the information submitted on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of employment, I agree to conform to the company’s rule and regulations and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company’s options. I also understand and agree that terms and conditions of my employment may be changed with our without cause, and with or without notice, at any time by the company. I understand that no company representative, other that its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for an specific period of time or to make any agreement contrary to the forgoing.

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Date Signature of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Legal Guardian