



Connecting People and Information

# EMPLOYMENT APPLICATION

4255 West Pine  
St. Louis, MO 63108  
(314) 535-1950  
www.rejis.org

Position Applied For \_\_\_\_\_

Date of Application \_\_\_\_\_

**REJIS is an Equal Opportunity employer. We consider applicants for all positions without regard to race, sex, age, disability, religion, color, national origin, sexual orientation, veteran status, or any other protected group status.**

## PERSONAL

Last Name	First	Middle	Social Security No.
Street Address			Home Phone (    )
City, State, Zip			Business Phone (    )
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of U.S. Citizenship or Immigration status will be required upon employment			E-mail address
How did you learn of this job?			Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Names of relatives employed by REJIS:			When will you be available to begin work?

## EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	AREA OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## MILITARY

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in what Branch?
Describe any training received relevant to the position for which you are applying.	
_____	
_____	

**EMPLOYMENT**

Company Name:		Telephone (    )	
Address, City, State, Zip		Dates of Employment From:        /        /        To:        /        /	
Name of Supervisor	Base Salary: OT, bonus, commissions:		Reason for Leaving:
Job Title and Description of Duties: _____ _____ _____			

Company Name:		Telephone (    )	
Address, City, State, Zip		Dates of Employment From:        /        /        To:        /        /	
Name of Supervisor	Base Salary: OT, bonus, commissions:		Reason for Leaving:
Job Title and Description of Duties: _____ _____ _____			

Company Name:		Telephone (    )	
Address, City, State, Zip		Dates of Employment From:        /        /        To:        /        /	
Name of Supervisor	Base Salary: OT, bonus, commissions:		Reason for Leaving:
Job Title and Description of Duties: _____ _____ _____			

Company Name:		Telephone (    )	
Address, City, State, Zip		Dates of Employment From:        /        /        To:        /        /	
Name of Supervisor	Base Salary: OT, bonus, commissions:		Reason for Leaving:
Job Title and Description of Duties: _____ _____ _____			

## ADDITIONAL INFORMATION

May we contact your present employer?

Yes  No

May we contact your previous employers?

Yes  No

Please list specialized skills, software knowledge, office equipment experience, etc. which you possess:

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Typing WPM: \_\_\_\_\_

Summarize any additional information such as experience, skills or qualifications which you feel may be helpful to us in considering your application.

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## PROFESSIONAL REFERENCES

<u>Name and Title</u>	<u>Daytime Phone</u>	<u>Years Acquainted</u>
1.		
2.		
3.		

## APPLICANT STATEMENT

***Please read the following statement, sign and date.***

I understand that any unanswered questions may cause this application to be rejected.

I certify that all answers and statements contained in this application are true to the best of my knowledge and I understand that, in the event of employment, any false or misleading statements on this application may be cause for dismissal.

I authorize REJIS to conduct a complete background investigation, including a fingerprint based criminal history background check.

I also agree that all former employers or any other persons may furnish REJIS with all information regarding their record of my service, salary, character, and reason for leaving. I hereby release such former employers and persons from all liability of providing such information.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED ONLY IF YOU ARE HIRED.  
IT CONTAINS INFORMATION NECESSARY FOR SECURITY CHECKS  
AND FOR EMERGENCY PURPOSES.**

Date of Birth	Place of Birth
Race	Marital Status
Maiden Name (if applicable)	Spouse (Name & Date of Birth)
<b>Dependent Children (Names &amp; Dates of Birth)</b>	
1.	3.
2.	4.

<b>Give your home address for the past ten (10) years, <i>excluding</i> your present address:</b>	
<u>Address</u>	<u>City/State/Zip</u>
1.	
2.	
3.	
4.	
5.	

**Whom should we contact in case of an emergency? (Please provide two contacts)**

Name: _____	Name: _____
Relation: _____	Relation: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____

**FOR OFFICE USE ONLY**

Interviewed By: _____	Date
Comments: _____ _____ _____ _____	

