

Last Name		First		Middle		For Personnel Use Only			Date of Application		
Street Address						Type(s) of work desired			Social Security No		
City				State					Zip		Telephone No. Home:
How were you referred to company (Check only one.)		A By your college	B Advertisement	C Employment Agency	D By an employee	If so, give name:	E Military Service	F Walk-in	G Resume or letter	H Open House	I Other

Application for Employment

St. Louis Development Corporation

1015 Locust, Suite 1200
St. Louis, MO 63101

***Please read carefully and complete by printing in ink or typing.
Provide all information requested.***

Your complete application form will be maintained in active files for six (6) months from the date of application. You may submit a new application at any time.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Educational History

School Name	Location (City, State)	Major Courses Or Subject	Dates Attended		Graduated		Degree
			From	To	Yes	No	
High school							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, handicap, or Vietnam-era status)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities – include offices held

Principal hobbies

Special Skills

To be completed by applicant for clerical work

To be completed by applicant for shop/plant work

Typing	Yes <input type="checkbox"/> Words Per Minute No <input type="checkbox"/>	Type of machine operated	Years experience
Dictation	Yes <input type="checkbox"/> Words Per Minute No <input type="checkbox"/>		
Computer skills	Yes <input type="checkbox"/> Hardware No <input type="checkbox"/> Software		

Please list other skills and/or equipment you have acquired

List other shop/production skills

Served apprenticeship Yes When served
No

Type of apprenticeship

Miscellaneous

Were you previously employed by SLDC?	Yes <input type="checkbox"/>	If yes, when?
	No <input type="checkbox"/>	
Do you have any relative(s) currently employed by SLDC	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Name	Relationship	
Have you been convicted of any crimes other than minor traffic violations during the past seven years?	Yes <input type="checkbox"/>	If yes, list below
	No <input type="checkbox"/>	(A conviction record will not necessarily bar you from employment.)
Will visa or immigration status prevent lawful employment?	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
Do you have any handicaps or health problems that may affect your ability to perform the job applied for or which you would like SLDC to consider in determining your job placement? If yes briefly describe any reasonable accommodations to your handicap that you feel SLDC can make to assist you working here.	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present Company	Type of business	Type or classification of job	
Street Address	Phone number	Brief description of job or duties	
City	State	Zip code	
Supervisor's name	Phone number		
Beginning Salary	Dates worked		
Ending Salary	From	To	
Reason for leaving			
Last or present Company	Type of business	Type or classification of job	
Street Address	Phone number	Brief description of job or duties	
City	State	Zip code	
Supervisor's name	Phone number		
Beginning Salary	Dates worked		
Ending Salary	From	To	
Reason for leaving			
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Street Address	Phone number	Brief description of job or duties	
City	State	Zip code	
Supervisor's name	Phone number		
Beginning Salary	Dates worked		
Ending Salary	From	To	
Reason for leaving			

U.S. Military Record

Branch of service

From

To

Present military affiliation:

None

Reserve (active)

Reserve (inactive)

Kinds of duty and training while in service

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation

May we contact your present employer?

Yes

No

Wage or salary required

Date available

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from SLDC's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and my continued employment depends upon the will of the company or myself.

Date

Signature

If any of your educational or employment records are under other than the above name, please provide other names.