



Urban League of Metropolitan St. Louis, Inc.

Employment Application

Human Resources Department: 3701 Grandel Square, St. Louis, MO 63108
Telephone: (314) 615-3600, Fax: (314) 531-7462, Email: hr@urbanleague-stl.org
An Equal Opportunity and Affirmative Action Employer

NOTE: It is very important that this application be filled out completely and accurately. Do not omit any of the data requested. Be sure to give full details. If you are selected for employment the information provided on this application will become a part of your personnel file.

Due to the volume of materials received in the Human Resources department, we will contact you if your skills and experience deem further consideration.

PLEASE TYPE OR PRINT. IF ADDITIONAL SPACE IS REQUIRED TO ANSWER ANY OF THE QUESTIONS USE ADDITIONAL INFORMATION SECTION.

1. _____
LAST NAME FIRST NAME MI
2. _____
ADDRESS CITY STATE ZIP CODE PHONE/ALTERNATE
3. _____
POSITION DESIRED DATE AVAILABLE SALARY EXPECTED
4. Are you authorized to legally work in the United States? ☐ Yes ☐ No
5. Will you now or in the future require sponsorship for an employment visa? ☐ Yes ☐ No
6. Have you ever used any other name? ☐ Yes ☐ No Name(s) Used: _____
Where? _____ When? _____
7. Have you ever been employed by the Urban League of Metropolitan St. Louis? ☐ Yes ☐ No
Dates: _____ Location: _____ Position: _____
8. Do you have any relatives that are currently employed by the Urban League of Metropolitan St. Louis? ☐ Yes ☐ No. If yes give name(s) and relationship(s): _____

9. Have you ever been arrested, charged, or convicted of any crime related to child abuse or neglect, other forms of abuse or neglect, any violent felony, or any other crime? ☐ Yes ☐ No (If yes, please explain). _____

10. List any office or factory equipment, including computer and software experience: _____

EDUCATIONAL AND PROFESSIONAL PREPARATION OF APPLICANT

EDUCATION

11. ☐ GED ☐ High School Diploma From: _____ School _____ Location _____

12. School/College/Advanced Studies	Major Subject	Dates Attended	Type of Degree Received

13. Specialized training, vocational, business schools etc	Major Subject	Dates Attended	Type of Degree Received

14. Are you presently employed? ☐ Yes ☐ No

15. May we contact your present or past employer? ☐ Yes ☐ No

a. Employer _____
 Address _____
 Your position and duties _____
 Reason for leaving _____
 Supervisor's name and title _____
 Annual salary _____ Starting _____ Ending _____
 Employed from (Mo & Yr) _____ to (Mo & Yr) _____

b. Employer _____
 Address _____
 Your position and duties _____
 Reason for leaving _____
 Supervisor's name and title _____
 Annual salary _____ Starting _____ Ending _____
 Employed from (Mo & Yr) _____ to (Mo & Yr) _____

c. Employer _____
 Address _____
 Your position and duties _____
 Reason for leaving _____
 Supervisor's name and title _____
 Annual salary _____ Starting _____ Ending _____
 Employed from (Mo & Yr) _____ to (Mo & Yr) _____

d. Employer _____
 Address _____
 Your position and duties _____
 Reason for leaving _____
 Supervisor's name and title _____
 Annual salary _____ Starting _____ Ending _____
 Employed from (Mo & Yr) _____ to (Mo & Yr) _____

e. Employer _____
 Address _____
 Your position and duties _____
 Reason for leaving _____
 Supervisor's name and title _____
 Annual salary _____ Starting _____ Ending _____
 Employed from (Mo & Yr) _____ to (Mo & Yr) _____

16. Additional Information

If there is additional information which you believe will assist in arriving at a true estimate of your qualifications, the space below may be used, or attach additional pages. (Example: grant writing experience) _____

17. References

List below four to five references, including your last supervisor.

Name	Job Title	Address & Phone #

18. CERTIFICATION STATEMENT

To Applicants: Read Carefully Before Signing

The statements that I have made in this application are true and complete to the best of my knowledge and I understand that any alteration or concealment of any material fact will result in my disqualification before hire or dismissal after hire. I hereby authorize the Urban League of Metropolitan St. Louis, Inc. or its representative to investigate my background, including but not limited to, past employment, military, and police records. My permission is hereby given to any and all persons, agencies, corporations, firms, or associations to release, and I hereby specifically request them to release, any and all information, records or other documents to the Urban League of Metropolitan St. Louis, Inc. or its representative for its inspection and copying. A copy hereof shall be considered equally authentic as the original.

I hereby release and hold harmless the Urban League of Metropolitan St. Louis, Inc., and any entity to which it may make inquiry, from any liability resulting from the release or use of information related to reference, verification, employment and records checks, or any matter pertaining to my application for employment.

This application when completed and signed becomes the property of the Urban League of Metropolitan St. Louis, Inc.

I herewith grant the Urban League of Metropolitan St. Louis the right to publish, or cause to be published any photograph of myself if employed.

Date _____ Signature of Applicant _____

AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER

The Urban League of Metropolitan St. Louis, Inc does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, ancestry, age, disability, or status as a disabled veteran in employment or within its programs and activities.

If you have questions regarding the Urban League of Metropolitan St. Louis Inc's compliance with the regulations implementing Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, or the American with Disabilities Act of 1990, please contact Human Resources at (314) 615-3600.

The Immigration Reform and Control Act of 1986 requires employers to verify the identity and employment eligibility of all new employees. Within three workdays, the new employee must provide documents that establish identity (state ID, driver's license, etc.) and employment eligibility (social security card, original or certified copy of a birth certificate, etc). If you have one of these documents (United States passport, certificate of United States citizenship, alien registration receipt card, resident alien card, temporary resident card, certificate of naturalization, or unexpired foreign passport with employment authorized or Form I-94 attached authorizing employment, etc.), you do not need any other documents.

DEMOGRAPHIC DATA

(Confidential and Voluntary)

The Urban League of Metropolitan St. Louis Inc. is an equal opportunity employer committed to the policies and principles of affirmative action. To advance the implementation of these policies and to assist with responding to federal and state affirmative action reporting requirements, it is important to request that the following information be gathered from all applicants. The information will remain confidential. The information will be used primarily for aggregate reporting purposes or for meeting other affirmative action needs at the agency. **Providing this information is voluntary. If you choose not to submit data it will not in any way affect your present or future employment.**

Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Position Applied For: _____

Gender:

_____ Female _____ Male

Racial/Ethnic Heritage

_____ African American, not of Hispanic origin: A person having origins in any of the black racial groups of Africa.

_____ White, not of Hispanic origin: A person having origins in any of the peoples of Europe, North Africa, or the Middle East.

_____ Hispanic: A person of Mexico, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ American Indian or Alaska Native: A person having origins in any of the peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

_____ Asian/Pacific Islander: A person having origins in any of the peoples of the Far East, Southeast Asian, the Indian subcontinent, or the Pacific Islands. This area includes, China, Japan Korea, Philippine Islands and Samoa.

_____ Other: _____

Disability Status: Disability is defined as one who has a physical or mental impairment that substantially limits one or more major life activity.

Are you a person with a disability?: _____ Yes _____ No

Do you need accommodations to assist in performing your job? _____ Yes _____ No

Military Veteran Status: A military veteran is defined as a person who was on active duty during one or more of the following periods or was ordered to active duty in the Reserves or National Guard because of the 1961 Berlin Crisis under Section 1 of Executive Order 10957.

_____ August 27, 1940 – July 25, 1947

_____ June 27, 1950 – January 31, 1955

_____ August 5, 1964 – January 1, 1977

_____ I served on active duty as a member of the Reserve or National Guard who was ordered to active duty because of the 1961 Berlin Crisis under Section 1 of Executive Order 10957.

_____ Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)

Thank you for your participation.

BACKGROUND CHECK CONSENT FORM

I hereby release and hold harmless the Urban League of Metropolitan St. Louis, Inc. and any entity to which it may make inquiry from any liability resulting from the release or use of information related to reference, verification of employment, criminal records checks, or any matter pertaining to my application for employment.

I understand that criminal background checks may be conducted through local, state, and/or federal criminal justice agencies.

I understand that failure to provide complete and correct information herein can result in my being denied further consideration for employment by the Urban League of Metropolitan St. Louis, Inc.

SIGNATURE _____ DATE _____

PLEASE PRINT

NAME _____
Last First Middle

OTHER NAMES USED _____

ADDRESS _____
Street Address City State Zip

SOCIAL SECURITY NUMBER _____