



The Family Arena
 2002 Arena Parkway, St. Charles, MO 63303
 Website: www.familyarena.com
 Phone: 636.896.4200 Fax: 636.896.4205
 Email: cdale@familyarena.com

Thank you for your interest in employment with the St. Charles County Family Arena. It is the policy of St. Charles County that decisions regarding employment will be made without regard to race, national origin, color, disability, age, religion, gender, ancestry, political affiliation or activity or lack thereof, or union membership or non-membership.

Instructions: Carefully read the job posting to be sure you meet the necessary qualifications for the job and to assure that you include all necessary information. Please provide complete and concise answers to all questions. You can be credited only with the education and experience entered on this application. You must be able to substantiate any statement made on this form.

Applicant Information

Title of position you are applying for:

Last Name		First Name		Middle Initial	
Address		City		State	Zip Code
Phone Number		Email Address			

Please list other names you are known by:

Are you a United States citizen or legally authorized to work in the United States?
 Yes No

Specify your Immigration Classification (if applicable)

Have you ever been convicted, found guilty, or pleaded guilty to a crime in a civil or military court, or have you ever been fined, placed on probation, or have you ever forfeited collateral for breach or violation of any law ordinance or police or traffic regulation or do you have any charges pending against you? Yes No

If you answered yes, please explain the nature of the crime and the type of job for which you are applying will be considered in reviewing your answer. Applicants for positions requiring driving as part of the job are required to list all offenses, including minor traffic offenses.

Do you have relatives that work for St. Charles County? Yes No

Professional Business references

Name	Phone Number	Email Address

Education			
Have you ever been employed by The Family Arena or Saint Charles County Government? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Did you graduate High School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	GED <input type="checkbox"/>
Date Received			
College and University (undergraduate, graduate, and professional)			
Name of College	City/State	Did you receive a diploma/certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Received
Name of College	City/State	Did you receive a diploma/certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Received
Special Skills: Please list any skills you have, such as Clerical, Computer, Trades, H.V.A.C, Electronics, Vehicle Operation, Equipment Operation, Building Repair, etc.			
Certifications: Please list any current licenses/certifications you hold: (license number, effective date, expirations dates if applicable).			
Availability: Please carefully answer the following questions regarding your willingness to accept employment with Family Arena. We will not consider you for positions which do not meet the requirements that you list. Are you willing to accept the following types of positions? Yes <input type="checkbox"/> No <input type="checkbox"/> Full time Positions Yes <input type="checkbox"/> No <input type="checkbox"/> Percentage Time Positions Yes <input type="checkbox"/> No <input type="checkbox"/> Part-Time as needed Positions Yes <input type="checkbox"/> No <input type="checkbox"/> Positions Involving shift work			
If offered employment, how soon would you be able to start work?		What is the minimum salary that you are willing to accept?	
Work History beginning with most recent employment			
Employer	Position Title	Start Date	End Date
Type of Business	Hours worked	Reason for leaving Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Other <input type="checkbox"/>	
If you listed other, please explain:			
Supervisor	Title	Contact Email or Phone	

If you are still employed, may we contact your current employer regarding your work record?
 Yes No

Describe your duties and responsibilities in detail, including equipment and materials used.

Employer	Position Title	Start Date	End Date
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Type of Business	Hours worked	Reason for leaving Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Other <input type="checkbox"/>
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If you listed other, please explain:

Supervisor	Title	Contact Email or Phone
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Describe your duties and responsibilities in detail, including equipment and materials used.

Employer	Position Title	Start Date	End Date
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Type of Business	Hours worked	Reason for leaving Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Other <input type="checkbox"/>
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If you listed other, please explain:

Supervisor	Title	Contact Email or Phone
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Describe your duties and responsibilities in detail, including equipment and materials used.

Employer	Position Title	Start Date	End Date
Type of Business	Hours worked	Reason for leaving Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Other <input type="checkbox"/>	
If you listed other, please explain:			
Supervisor	Title	Contact Email or Phone	
Describe your duties and responsibilities in detail, including equipment and materials used.			
<p>AUTHORIZATION FOR RELEASE: I hereby authorize Family Arena and Saint Charles County to make such investigations and inquiries as to my character, employment record and conviction record, record of criminal charges pending against me, and/or matters as may be deemed necessary in arriving at an employment decision. I hereby release employers, schools, law enforcement agencies and persons from all liability for any damage whatsoever that may ensue from furnishing the same to The Family Arena and St. Charles County.</p>			
<p>CERTIFICATE OF APPLICANT: Before signing, please check to ensure that all questions have been answered in a thorough manner. Remember, an incomplete application may result in the application being rejected or delayed, in which could result in a lost job opportunity. (Read carefully before signing.) I certify by signing my name, that all answers and statements herein contained are true to the best of my knowledge and belief. I understand that any misstatement or omission of material fact will subject me to disqualification or dismissal. I approve the above authorization for release.</p>			
Signature			Date