

## City of Potwin, Kansas

### Application for Employment

The City of Potwin (hereafter "the City") will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond that time period should inquire as to whether or not applications are being accepted at that time.

**PLEASE PRINT NEATLY**

Date \_\_\_\_\_ Position(s) applying for: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Referral source:  Advertisement  Friend  Relative  Walk-in  Job Agency  Other \_\_\_\_\_

Name \_\_\_\_\_

LAST                                  FIRST                                  MIDDLE                                  (NICKNAME)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ SSN \_\_\_\_\_ DL No. \_\_\_\_\_ DL State \_\_\_\_\_

- If under 18 years old, can you provide proof of eligibility to work?     No     Yes
- Have you previously filed an application with the City?                                   No     Yes, Give date \_\_\_\_\_
- Have you previously been employed by the City?     No     Yes, Give date \_\_\_\_\_
- Are you related to anyone currently employed by the City?     No     Yes, Give name \_\_\_\_\_
- Are you currently employed?     No     Yes
- May we contact your present employer?     No     Yes

Are you prevented from lawfully being employed in this country due to Visa or Immigration Status?     No     Yes  
(Proof of citizenship or immigration status will be required of all new employees upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you interested in working     Full Time     Part Time     Shift Work     Temporary     Seasonal

Are you currently on a lay-off and subject to recall?     No     Yes

Are you willing to travel if a job requires it?     No     Yes

Have you been convicted of a felony within the last seven (7) years?     No     Yes

(Conviction of a felony will not necessarily disqualify an applicant from employment.)

-If yes, please explain \_\_\_\_\_

**EDUCATION**

	Name and Location	Did you graduate?	Field of Study/Degree
High School			
College or University			
Specialized Training, Trade School, etc.			
Other Education			

Please list your areas of highest proficiency, special skills, or other items that may contribute to your abilities in performing the position being applied for. \_\_\_\_\_

### EMPLOYMENT HISTORY

Start with your present or most recent job. Include military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected statuses.

1) Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Phone No. \_\_\_\_\_ Hourly Rate/Salary: Start \_\_\_\_\_ End \_\_\_\_\_  
Address \_\_\_\_\_ Describe work performed \_\_\_\_\_  
\_\_\_\_\_  
Job Title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

2) Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Phone No. \_\_\_\_\_ Hourly Rate/Salary: Start \_\_\_\_\_ End \_\_\_\_\_  
Address \_\_\_\_\_ Describe work performed \_\_\_\_\_  
\_\_\_\_\_  
Job Title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

3) Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Phone No. \_\_\_\_\_ Hourly Rate/Salary: Start \_\_\_\_\_ End \_\_\_\_\_  
Address \_\_\_\_\_ Describe work performed \_\_\_\_\_  
\_\_\_\_\_  
Job Title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

4) Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Phone No. \_\_\_\_\_ Hourly Rate/Salary: Start \_\_\_\_\_ End \_\_\_\_\_  
Address \_\_\_\_\_ Describe work performed \_\_\_\_\_  
\_\_\_\_\_  
Job Title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

### REFERENCES

Do not list more than one family reference.

1) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Length of relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Length of relationship \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship \_\_\_\_\_ Length of relationship \_\_\_\_\_

**APPLICANT STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge, unless otherwise defined by applicable law, that all employment relationships with the City and employee are "at will," which means an employee may resign at any time with or without notice, and the employer may discharge an employee at any time with our without cause and with our without notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such is specifically acknowledged in writing by an authorized executive of this organization. I also understand that if I am employed by the City, false or misleading information provided on my application or discovered during the course of an interview, may result in discharge. I further understand that if employed, I am required to abide by all rules and regulations of the City.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE OF INFORMATION**

To: Any local, state, or federal law enforcement agency, or any past or present employer.

I, \_\_\_\_\_, address of \_\_\_\_\_, have applied for employment with the City of Potwin. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving such information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of birth \_\_\_\_\_ CITY, STATE

SSN \_\_\_\_\_ DL No. \_\_\_\_\_ DL State \_\_\_\_\_

City and State of residence for the previous ten (10) year period:

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Given under my hand, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

