



## EMPLOYMENT APPLICATION

THIS FORM CAN BE FILLED OUT FROM YOUR COMPUTER THEN E-MAILED TO RKEASLING@GREATBENDKS.NET OR PRINT, THEN MAIL OR FAX TO: Human Resources, 1209 Williams, PO Box 1168, Great Bend, KS 67530 (620) 793-4111, Fax (620) 793-4108

**This Application is the initial part of the employment process.** Read Job Announcement thoroughly and apply only if you feel reasonably certain that you meet the requirements. Clearly state your qualifications. Incomplete or illegible applications may be disqualified. Fill out this application completely. If a question does not apply to you, write "NA". **A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION.** Documents submitted with this application will not be returned. Avoid any reference to religion, politics, race, sex, or other non-job related traits. Notify us promptly if you have a change of address, phone, or employer. If you need assistance with this application, we will be glad to help you.

Equal Opportunity Employer

We consider applicants for all positions, regardless of race, sex, religion, color, national origin, age, ancestry, sexual orientation, or disability.

PLEASE PRINT IN INK OR TYPE \_\_\_\_\_ Date of Application: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position You Are Seeking (include Department): \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- Are you now, or have you ever been employed by the City?  YES  NO If YES, explain below on #14.
- Are you currently employed?  YES  NO
- May we contact your current employer?  YES  NO
- May we contact your previous employer(s)?  YES  NO If NO, explain below on #14.
- If less than 18 years of age, can you provide proof of eligibility to work?  YES  NO  OVER 18
- Have you ever been convicted of a felony within the last 7 years?  YES  NO If YES, explain below on #14.  
(Conviction will not necessarily disqualify applicant from employment)
- Do you have a valid driver license?  YES  NO License Number \_\_\_\_\_ State \_\_\_\_\_
- Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?  
 YES  NO (Proof of citizenship or immigration status will be required upon employment)
- On what date would you be available for work? \_\_\_\_\_
- Are you available to work  FULL-TIME  PART-TIME  SHIFT WORK  TEMPORARY
- Do any of your relatives work here?  YES  NO
- What is your desired salary range? \_\_\_\_\_
- Are you on lay-off and subject to recall?  YES  NO If YES, explain below on #14.

14. Remarks (List Question #)

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**List professional, trade, business or civic activities and offices held.**

(You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status)

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**Give name, address, and telephone number of three references who are not related to you and are not previous employers.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EDUCATION**

|   | <b>Elementary School</b> | <b>High School</b> | <b>College/University</b> | <b>Graduate/Professional</b> |
|---|--------------------------|--------------------|---------------------------|------------------------------|
| <b>School Name</b>  |                          |                    |                           |                              |
| <b>Years Completed</b>  |                          |                    |                           |                              |
| <b>Diploma/Degree</b>   |                          |                    |                           |                              |
| <b>Describe Course of Study:</b>  |                          |                    |                           |                              |
| <b>Describe Specialized Training, Apprenticeship, Skills and Extra-curricular Activities:</b> |                          |                    |                           |                              |
| <b>Honors Received:</b>   |                          |                    |                           |                              |

State any additional information you feel may be helpful to us in considering your application.

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### EXPERIENCE

List all positions you have held in the last 10 years. Account for volunteer, part-time, military, summer positions, and periods of unemployment, etc. **IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION.** List each change of title or promotion separately. Resumes may be attached. Start with your present or most recent position and work backwards. Attach additional sheets as necessary. You may exclude organization names that indicate race, color, religion, gender, national origin, disability or other protected status.

From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Verify by calling: \_\_\_\_\_ Telephone: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Verify by calling: \_\_\_\_\_ Telephone: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Verify by calling: \_\_\_\_\_ Telephone: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Verify by calling: \_\_\_\_\_ Telephone: \_\_\_\_\_

Duties: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Verify by calling: \_\_\_\_\_ Telephone: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Verify by calling: \_\_\_\_\_ Telephone: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### **Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience:

### ***AGREEMENT: Read Carefully Before Signing***

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application or interview may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that the City will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that the City may terminate my employment at any time without liability for wages or salary except such as may have been earned at the date of such termination. I understand and agree that I may be required to take a physical examination, at City expense, at any time to determine if I am physically fit for the job I am to perform, and, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the City.
4. Although the City makes every effort to accommodate individual preferences, we may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is at will and that the City can change wages, benefits and conditions at any time. I have read and understand the above.

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

# ***Applicant Data Record***

## ***Voluntary Survey***

Please complete this **VOLUNTARY SURVEY** used by the personnel division to collect statistics on the general attributes of the applicants for each position. Specifically, it helps city staff identify the effectiveness of our recruiting strategy.

This sheet is anonymous. It is filed separately from all employment applications in a **CONFIDENTIAL FILE**. Completion of this form is voluntary and refusal to provide this information will not subject you to any adverse treatment.

The Applicant Data Records will be used periodically to report general statistical information to the City Commission and government agencies.

We consider applicants for all positions, regardless of race, sex, religion, color, national origin, age, ancestry, sexual orientation, or disability.

### **PLEASE PRINT**

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

1. Referral Source (check those that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Newspaper Advertisement  | <input type="checkbox"/> Employment Agency/Job Service |
| <input type="checkbox"/> Job Opportunity Bulletin | <input type="checkbox"/> Internet                      |
| <input type="checkbox"/> Walk-in                  | <input type="checkbox"/> Relative                      |
| <input type="checkbox"/> Telephone                | <input type="checkbox"/> Jobline                       |
| <input type="checkbox"/> Friend                   | <input type="checkbox"/> Other                         |

2. Do you read the following newspapers? Check any paper you read regularly and list any additional papers you may read.

- |   |   |
|---|---|
| <input type="checkbox"/> Great Bend Tribune | <input type="checkbox"/> Salina Journal |
| <input type="checkbox"/> Hutchinson News    | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Hays Daily News    |   |

3. Did you use any of the above papers to get information on this particular opening

Yes     No        If Yes, which one? \_\_\_\_\_

4. Are you:                                  Male                  Female  
Between 40-70 years of age:    Yes                  No

5. \_\_\_\_\_  
6. Individual with a disability:  Yes         No

7. Race/Ethnic Group (check those that apply):

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> White                          | <input type="checkbox"/> African American       | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other    |