



CITY OF MCPHERSON, KANSAS
"AN EQUAL OPPURTUNITY EMPLOYER"
APPLICATION FOR EMPLOYMENT

Date Department

First Name Middle Initial Last Name

Position (Job) Desired

Street Address

City, State, and Zip Code

Home Phone Number Cell Phone Number

Are You 18 Years of Age? Yes No

Salary Requirements Date Available

Have you ever been employed by this organization? Yes No

Department: Reason for Leaving:

Can you, if hired, submit verification of your legal right to work in the United States?

Yes No

If you have served in the U.S. Military, please provide the follow information:

Branch of Service From To

Type of Discharge

Felony

Have you ever been convicted of a felony? A conviction will not necessarily disqualify an applicant from employment

Yes

No

If Yes, Give location, date, charge and disposition of case(s)

Education Skills

High School (Name, City, State)

Years Completed? 1 2 3 4

Community or Junior College (Name, City, State)

Years Completed? 1 2 Degree/Major

Business or Trade School (Name, City, State)

Years Completed? 1 2 Degree/Major

College or University (Name, City, State)

Years Completed? 1 2 3 4 Degree/Major

Graduate School (Name, City, State)

Years Completed? 1 2 3 4 Degree/Major

Computer Software Skills

Computer Software	Name of Software	Your Proficiency with the Software
Word Processing	<input type="text"/>	Skilled <input type="radio"/> Competent <input type="radio"/> Familiar <input type="radio"/>
Spreadsheet	<input type="text"/>	Skilled <input type="radio"/> Competent <input type="radio"/> Familiar <input type="radio"/>
Database	<input type="text"/>	Skilled <input type="radio"/> Competent <input type="radio"/> Familiar <input type="radio"/>
Other	<input type="text"/>	Skilled <input type="radio"/> Competent <input type="radio"/> Familiar <input type="radio"/>

Job Related Training

Name of Course	Year Completed	Name of Course	Year Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have a valid Kansas Drivers License? Yes No

Drivers License Number

Do you have a CDL? Yes No

If Yes, list type of endorsement(s) you have:

If selected for employment, you must notify your supervisor within 30 days of a conviction for any traffic violation (except parking) no matter what type of vehicle you were driving; and if your license is suspended, revoked, canceled, or if you are disqualified from driving.

This portion of the application must include a minimum of a 10 year work history, or employment since attending high school, and must be completed even if supplemented by a resume.

Experience: Start with your present or last job and work backwards

Employer: <input type="text"/>	Telephone: <input type="text"/>	Dates (month/year)	
		From	To
Job Title: <input type="text"/>			
Supervisor: <input type="text"/>			
Reason for Leaving: <input type="text"/>		Hourly Rate/Salary	
		Start	End
		\$ <input type="text"/>	\$ <input type="text"/>
Describe duties and responsibilities: <input type="text"/>			
<input type="text"/>			
<input type="text"/>			

Employer: <input type="text"/>	Telephone: <input type="text"/>	Dates (month/year)	
		From	To
Job Title: <input type="text"/>			
Supervisor: <input type="text"/>			
Reason for Leaving: <input type="text"/>		Hourly Rate/Salary	
		Start	End
		\$ <input type="text"/>	\$ <input type="text"/>
Describe duties and responsibilities: <input type="text"/>			
<input type="text"/>			
<input type="text"/>			

Employer: <input type="text"/>	Telephone: <input type="text"/>	Dates (month/year)	
		From	To
Job Title: <input type="text"/>		<input type="text"/>	<input type="text"/>
Supervisor: <input type="text"/>		<input type="text"/>	<input type="text"/>
Reason for Leaving: <input type="text"/>		Hourly Rate/Salary	
		Start	End
		<input type="text"/>	<input type="text"/>
Describe duties and responsibilities: <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>			
<input type="text"/>			

Employer: <input type="text"/>	Telephone: <input type="text"/>	Dates (month/year)	
		From	To
Job Title: <input type="text"/>		<input type="text"/>	<input type="text"/>
Supervisor: <input type="text"/>		<input type="text"/>	<input type="text"/>
Reason for Leaving: <input type="text"/>		Hourly Rate/Salary	
		Start	End
		<input type="text"/>	<input type="text"/>
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Job Title: <input type="text"/>		<input type="text"/>	<input type="text"/>
Supervisor: <input type="text"/>		<input type="text"/>	<input type="text"/>
Reason for Leaving: <input type="text"/>		Hourly Rate/Salary	
		Start	End
		<input type="text"/>	<input type="text"/>
Describe duties and responsibilities: <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>			
<input type="text"/>			

Employer: <input type="text"/>	Telephone: <input type="text"/>	Dates (month/year)	
		From	To
Job Title: <input type="text"/>		<input type="text"/>	<input type="text"/>
Supervisor: <input type="text"/>		<input type="text"/>	<input type="text"/>
Reason for Leaving: <input type="text"/>		Hourly Rate/Salary	
		Start	End
		<input type="text"/>	<input type="text"/>
Describe duties and responsibilities: <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>			
<input type="text"/>			

Explanation of Interruptions in Employment History

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

Other Skills/Comments

Professional References

Name:

Address:

City, State, Zip:

Daytime Phone:

Relationship:
(No Relatives)

Professional References

Name:

Address:

City, State, Zip:

Daytime Phone:

Relationship:
(No Relatives)

Professional References

Name:

Address:

City, State, Zip:

Daytime Phone:

Relationship:
(No Relatives)

Professional References

Name:

Address:

City, State, Zip:

Daytime Phone:

Relationship:
(No Relatives)

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT: MY PRESENT EMPLOYER(S): Yes No
MY PAST EMPLOYER: Yes No

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personnel, school and employment references may be contacted by us or by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted by us or by a consumer reporting agency. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency, if any, or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer reporting agency that complied the report.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorization forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests, including physical examination and drug tests, and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the appropriate department head.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement position, I will be required to comply with all the requirements of the Kansas Law Enforcement Training Center (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical examination and physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

Signature of Applicant/Date

Social Security Number

FAIR CREDIT REPORTING ACT
Disclosure and Authorization Statement

To: All Applicants For Employment. (Please Read Carefully Before Signing Below)

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the consumer report. A consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Signature of Applicant/Date