

CITY OF HUMBOLDT

701 Bridge Street, P.O. Box 228, Humboldt, Kansas 66748-0228
Phone: 620-473-3232 Fax: 620-473-2133

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, gender, religion, national origin, disability or other protected classification. **We are an Equal Opportunity Employer.**

If you need assistance in completing this form, please let us know.
(PLEASE PRINT)

Position Applied For _____ Date of Application _____
(See attached job description)

PERSONAL INFORMATION

Name _____ Social Security No. _____
First Middle Last

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Message Phone _____

E-mail (Optional) _____

Who referred you to us? _____

Are you a U.S. citizen or are you authorized by the INS to work in this country? _____

Are you over 18 years old? _____ If you are under 19, can you provide proof of eligibility to work? _____

Have you ever been convicted of a felony? Yes _____ No _____

(Conviction will not necessarily disqualify an applicant from employment)

Have you ever filed an application with this organization? Yes _____ No _____

If yes, please give date _____

Have you ever been employed with this organization? Yes _____ No _____

If yes, please give date _____

Do you have any relatives currently working for this organization? Yes _____ No _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Are you willing to work overtime if required? Yes _____ No _____

Can you travel if the job requires it? Yes _____ No _____

Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job for which you have applied? Yes _____ No _____

Do you have a valid Kansas driver's license if the job requires it? Yes _____ No _____

NOTE: If a driver's license is required in the position for which you are applying, the City will make a motor vehicle operation history inquiry. A poor-driving record may disqualify an applicant from consideration for the position. By signing this application, you specifically authorize the City to make an inquiry of your driving record.

Driver's License Number: _____ Class of CDL Designation _____

On what date would you be available for work? _____

Are you available to work: Full time _____ Part-time _____ Shift work _____ Temporary _____

EMPLOYMENT EXPERIENCE

Start with your present or last job through your last three employers. Please include any job-related military service assignments and volunteer activities. You may exclude employers which may indicate race, age, color, religion, sex, national origin, disability or other protected status.

From _____ To _____ Job Title _____

Employer Name _____ Salary \$ _____ per _____

Address _____ Phone _____

Supervisor's name and title _____

Duties _____

Reason for leaving _____

From _____ To _____ Job Title _____

Employer Name _____ Salary \$ _____ per _____

Address _____ Phone _____

Supervisor's name and title _____

Duties _____

Reason for leaving _____

From _____ To _____ Job Title _____

Employer Name _____ Salary \$ _____ per _____

Address _____ Phone _____

Supervisor's name and title _____

Duties _____

Reason for leaving _____

From _____ To _____ Job Title _____

Employer Name _____ Salary \$ _____ per _____

Address _____ Phone _____

Supervisor's name and title _____

Duties _____

Reason for leaving _____

EDUCATION AND SPECIAL SKILLS

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School				
College/University				
College/University				
Other Training/ Education				

Indicate any foreign languages you can speak, read or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship and skills, including military experience which may be useful in performing this job.

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) applied for is open: _____ Yes _____ No

Position(s) considered for: _____

Date: _____

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

I authorize my previous employers and schools to give any information regarding employment or educational records. I agree that this organization and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. In the event of my employment with this organization I will comply with all rules and regulations set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents which have been supplied with this application.

I further understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____

Arrange Interview	_____ Yes	_____ No	
Remarks:	_____		

Interviewer:	_____		Date _____
Employed	_____ Yes	_____ No	Date of Employment _____
Job Title:	_____		Hourly Rate/Salary _____
Department	_____		
By:	_____		Date _____
	Name and Title		