



City of Garden Plain
505 N Main
PO Box 336
Garden Plain, Kansas 67050

Employment Application – PLEASE PRINT CLEARLY

You may also attach a resume, but a resume is not a substitute for filling out this application.

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT ELIGIBILITY

ARE YOU PREVENTED FROM LAWFULLY BEING EMPLOYED TO WORK IN THE U.S.?
Proof of citizenship or immigration status will be required upon employment YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES NO
IF YES, WRITE THE START AND END DATES: _____

ARE YOU RELATED TO ANY EMPLOYEE OR ELECTED OFFICIAL? YES* NO
***IF YES, STATE NAME AND RELATIONSHIP:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO
(Such conviction may be relevant if job-related, but does not bar you from employment)
***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____
FROM: _____ **TO:** _____
GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____
FROM: _____ **TO:** _____
GRADUATE? YES NO **DEGREE:** _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ TO: _____
DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____
FROM: _____ TO: _____
DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT - Most Recent first

EMPLOYER 1: _____
Company / Individual

SUPERVISOR: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

May we contact your previous supervisor? Yes No

EMPLOYER 2: _____

SUPERVISOR: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

May we contact your previous supervisor? Yes No

EMPLOYER 3: _____

SUPERVISOR: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

May we contact your previous supervisor? Yes NO

OTHER TRAINING, PROFESSIONAL, TRADE, ACTIVITIES AND OFFICE HELD

OTHER QUALIFICATIONS: *SUMMARISE SPECIAL JOB RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.*

MILITARY SERVICE

Are you requesting Veterans preference in accordance with Kansas law? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____
FROM: _____ TO: _____
TYPE OF DISCHARGE: _____
IF NOT HONORABLE, PLEASE EXPLAIN: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____
COMPANY: _____ **TITLE:** _____
ADDRESS: _____ **PHONE:** _____

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COMPANY: _____ **TITLE:** _____
ADDRESS: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
COMPANY: _____ **TITLE:** _____
ADDRESS: _____ **PHONE:** _____

DISCLAIMER and SIGNATURE

PLEASE READ AND SIGN THE STATEMENTS BELOW
(Unsigned applications will be discarded and not be considered)

APPLICATION FOR EMPLOYMENT

The facts set forth in my application for employment are true and complete, to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I authorize any of my previous employers, schools, or persons named as references to give any information regarding employment or educational record. I agree that the City of Garden Plain 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 or for any information provided by them. I also acknowledge that this statement applies to any information I have provided on a resume or additional documents.

NOTE: I hereby understand and agree that if hired by the City of Garden Plain, I will be considered an "at will" employee and I may be removed at any time, with or without cause.

Applicant Signature: _____ Date: _____

DRUG SCREENING ACKNOWLEDGEMENT AND AGREEMENT

By my signature below, I understand and agree that if considered for employment with the city of Garden Plain, I may be required to submit to a drug screening test in the form of a urinalysis or blood test, as a condition of hire, or continued employment. This drug screening will be paid for by the City of Garden Plain.

Applicant Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF CRIMINAL ARRESTS AND DRIVING RECORD

I hereby authorize all law enforcement agencies, courts of law, and motor vehicle departments of any state in which I reside, or have resided, to provide information requested by the City of Garden Plain. I release all fo these agencies from any liability due to releasing this information. I further authorize the City of Garden Plain to conduct this background investigation.

Applicant Signature: _____ Date: _____

The City of Garden Plain is prepared to make reasonable accommodations for applicants with a disability. If called for an interview, please advise the person calling of any accommodations that you may need.