

EMPLOYMENT APPLICATION CITY OF GREENSBURG

300 SOUTH MAIN STREET
GREENSBURG, KANSAS 67054



Position applying for _____ Date of Application _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Other names used: _____

Telephone Number: _____ Social Security Number: _____

Have you ever been employed with the City of Greensburg before? Yes _____ No _____

If yes, give date(s). From _____ To _____

Are you legally eligible for employment in this country? Yes _____ No _____
Proof of U.S. citizenship or immigration status will be required upon employment.

Date available to start. _____ Are you on a lay-off and subject to recall? Yes/No(circle)

Will you work overtime if required? Yes _____ No _____

Have you been convicted of a felony in the last seven (7) years? Yes _____ No _____
(Such conviction may be relevant if job related, but does not bar you from employment)

If yes, please explain: _____

Do you have a valid drivers license? Yes _____ No _____ CDL: Yes ___ No ___

Driver's license number: _____ State Issued: ___ Expiration date: _____

May we contact your current employer? Yes _____ No _____

May we contact your previous employer? Yes _____ No _____

Are you able to perform the job requirements with reasonable accommodations? Yes ___ No ___

The City of Greensburg is an equal opportunity employer

EMPLOYMENT EXPERIENCE

List each job held. Start with your Present or Last job. Include military service assignments and volunteer activities (exclude groups which indicate race, color, religion, sex or national origin.)

Employer	Dates		
	From	To	Work Performed

Address

Job Title	Hourly Rate/Salary		
	Starting	Final	

Supervisor (Name & Phone Number)

Reason for Leaving

Employer	Dates		
	From	To	Work Performed

Address

Job Title	Hourly Rate/Salary		
	Starting	Final	

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Employer	Dates		
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Address

Job Title	Hourly Rate/Salary		
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Employer	Dates		
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Address

Job Title	Hourly Rate/Salary		
	Starting	Final	

Supervisor (Name & Phone Number)

Reason for Leaving

If you need additional space, please continue on a separate sheet of paper

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

Education Background

A. List last three (3) schools attended, starting with last one. B. List number of years completed. C. Indicate degree or diploma earned, if any and D. Major and minor field of study (if applicable).

A) School	B) No. Years Completed	C) Degree Diploma	D) Major	Minor

References

List name and telephone number of three professional references who are not related to you. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

ORGANIZATION	OFFICE HELD

List special accomplishments, publications, awards (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

List any additional information you would like us to consider.

If you are handicapped and wish to be identified as such according to the Rehabilitation Act of 1973

Please indicate by checking the box. () Yes

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives from seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applications consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only ninety (90) days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of applicant _____ Date: _____