

APPLICATION FOR EMPLOYMENT
(CITY OF ST. MARYS, KANSAS IS AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME _____ Driver's License No. _____ Social Security No _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NO.: _____ ARE YOU 18 YEARS OR OLDER? _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes _____ No _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU CURRENTLY EMPLOYED? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____
Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color, or nation of origin of its members

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: _____

FORMER EMPLOYERS: (List below your last three employers, starting with the last one first.)

DATE, MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	Telephone	SALARY	POSITION	REASON FOR LEAVING
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					

WHICH OF THE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THE JOB? _____

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

	NAME	ADDRESS	PHONE	BUSINESS	YEARS Acquainted
1					
2					
3					

EMERGENCY CONTACT: In case of emergency, notify: _____

NAME

ADDRESS

PHONE NUMBER

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to confirm to the city's rules and regulations; and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime, at either my or the city's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the city. I understand that no company representative, other than the City Manager, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I authorize the City of St. Marys to do a criminal background check.

DATE: _____

SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____ ABILITY: _____

HIRED? _____ POSITION: _____ DEPT. _____

SALARY/WAGE: _____ DATE REPORTING TO WORK _____

APPROVED: _____

1) DEPARTMENT HEAD / DEPARTMENT COMMITTEE

2) CITY MANAGER