

**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