



Application for Employment
715 Railroad St., Downs, KS 67437
(785) 454-6622; fax (785) 454-6246
cityclerk@cityofdowns.com

Please note that the City of Downs requires pre-employment drug screening. Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full, even if attaching a résumé.)

Position Applied for: _____ Date of Application: _____

Personal Information

In order to ensure this application is acceptable, please print or type on the application being fully completed in order for it to be considered.

Full Name: _____ Social Security Number: _____
 First Middle Last

Address: _____
 Street Address City State Zip Code How Long

E-mail: _____ Phone Number: _____

Have you ever worked for the City or any of its Departments? YES NO
If yes, in what capacity/position? Approximate date: Mo/Yr.

Have you ever applied for a job with the City or any of its Departments? YES NO
If yes, when? Approximate date: Mo/Yr.

How did you learn about this position? _____

General Information

If you are under age 18, please state your age: _____

If you are under age 18, can you supply working papers? YES NO

Are you legally authorized to work in the United States? YES NO

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? YES NO

Have you ever been convicted of a crime or violation other than a minor traffic infraction? YES NO
If Yes, please explain: _____

Have you ever been discharged or asked to resign from any employment? YES NO

If Yes, please explain: _____

Desired Wages/Salary: _____

If applying for a position that requires a valid drivers license, can you, upon employment, provide the appropriate valid driver's license? YES NO

Do you currently have a valid Commercial Driver's License (CDL): YES NO

Availability

Please check schedule availability:

- I desire to work full-time (40 hours) and do not have restrictions on my hours and days.
- I am available to work full-time, but desire to work part-time (please indicate desired availability below).
- I am only available to work part-time (please indicate desired availability below).

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------------|--------|---------|-----------|----------|--------|----------|--------|
| Hours Available | | | | | | | |

Date available to start: _____

NOTE: Work schedules are based upon the needs of the City and may be subject to change on a weekly basis.

Employment History

Begin with your most recent employment and continue with all past employment (attach additional sheet(s) if necessary). Failure to provide a full disclosure of all past employment will result in your disqualification, or, if employed, your dismissal.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Explain any period between jobs: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Explain any period between jobs: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Explain any period between jobs: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Explain any period between jobs: _____

Education

High School: _____ Address: _____

Circle Last year Attended: 9 10 11 12 Did you graduate? YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Degree: _____

Graduate School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Degree: _____

Additional Experience or Qualifications

List any other experience, skills or other qualifications, including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like the City of Downs to consider in connection with your application for employment.

Attendance and Punctuality Information

Consistent attendance and punctuality are essential requirements of every job with the City of Downs. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the City of Downs? [] Yes [] No

References

Please list three personal references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Notification and Agreement

Please read before signing

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. **(Please initial here)** _____

Questions regarding this statement should be directed to an employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. **(Please initial here)** _____

It is the policy of the City of Downs to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, martial status, expunged juvenile records, or pregnancy and to afford equal opportunities to disable veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by federal, state or local law. **(Please initial here)** _____

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information, and I also release the employer from all liability that might result from making an investigation. **(Please initial here)** _____

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States. **(Please initial here)** _____

If hired, I agree to abide by all of the City of Downs rules and regulations and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the City of Downs or me. I further understand that no representation, whether oral or written by any representative or agent of the City of Downs, can constitute a contract of employment. I understand that the City of Downs shall have the maximum discretion permitted by law to administer, interpret modify, discontinue, enhance, or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the City of Downs has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the governing body or to make any agreement contrary to the foregoing. **(Please initial here)** _____

I understand that this application is good only for sixty (60) days from today's date. If I shall desire a position with the City of Downs after this application expires, it will be my responsibility to fill out a new application and submit to the City of Downs. **(Please initial here)** _____

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application to me. **(Please initial here)** _____

I have read all of the information very carefully, I fully understand that by signing my name that I am agreeing to the terms of these statements.

Applicant's printed name: _____ Initials: _____

Applicant's Signature: _____ Date: _____