



300 E Maple St
Columbus, KS 66725
Phone: (620) 429-2159
Fax: (620) 429-1159

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(Please Print)

Position(s) Applied For _____

Date of Application _____

How did you learn about us?

Advertisement

Friend

Inquiry

Employment Agency

Relative

Other _____

Last Name _____

First Name _____

Middle Name _____

Address _____

City, State, Zip Code _____

Phone Number(s) _____

Best time to contact you is:

_____ : _____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?

No

Yes

Have you ever filed an application with us before?

No

Yes

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?

No

Yes

If Yes, state name, relationship and location _____

Are you currently employed?

No

Yes

May we contact your present employer?

No

Yes

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

No

Yes

Proof of citizenship or immigration status will be required upon employment.

Date Available to Work _____

Desired Salary Range _____

(Application continues on the next page)



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Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____ / ____ - ____ / ____)

Are you currently on "lay-off" status and subject to recall? No Yes

Can you travel if a job requires it? No Yes

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name & Address of School	Course of Study	Number of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

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WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<p>_____ Employer</p> <p>_____ Address</p> <p>_____ Phone Number(s)</p> <p>_____ Starting Position/Job Title</p> <p>_____ Supervisor</p> <p>_____ Reason for leaving</p>	<table style="width: 100%;"> <tr> <td style="width: 35%;"> <p>Dates Employed</p> <p>____ / ____ - ____ / ____)</p> </td> <td style="width: 65%;"> <p>Hourly Rate/Salary</p> <p>_____ _____</p> <p>Start Final</p> </td> </tr> <tr> <td colspan="2"> <p>Work Performed</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> <tr> <td colspan="2"> <p>May We Connect? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> </td> </tr> </table>	<p>Dates Employed</p> <p>____ / ____ - ____ / ____)</p>	<p>Hourly Rate/Salary</p> <p>_____ _____</p> <p>Start Final</p>	<p>Work Performed</p> <p>_____</p> <p>_____</p> <p>_____</p>		<p>May We Connect? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
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Comments: Include explanation of any gaps in employment

Describe any specialized training, apprenticeship, skills, and extra-curricular activities

Describe any job-related training received in the United States military

List professional, trade, business, or civic activities and offices held

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications: Summarize special job-related skill, and qualifications acquired from employment or other experience



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SPECIALIZED SKILLS

Skills/Equipment Operated

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/Mac	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
<input type="checkbox"/> WPM	<input type="checkbox"/> WPM	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPL YING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? No Yes

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors

Name	Phone Number	Best Time to Call	Occupation

(Application continues on the next page)



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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature

Date



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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND CONFIDENTIALITY

I, _____ do hereby authorize a review and full disclosure of all records concerning myself to any duly Authorized personnel of the City of Columbus, Kansas, and it's police department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any and all records of educational institutions financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (to include credit reports and/or ratings) and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administrations; current employment and previous employment records including background reports, efficiency ratings, complaints or grievances filed by or against me; records and recollections of attorneys at law; or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had interest; traffic and criminal history records, and records involving any incident where I have been arrested or convicted of a crime. The records referred to in this paragraph shall include, but are not limited to papers, documents, recordings, and photographs, whether on paper or store/transmitted electronically.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, may be considered in determining my suitability for employment by the City of Columbus, Kansas, whether the position sought is a paid or unpaid position, voluntary or educational in nature. I understand the (1) the City state that the use of such information will be in accordance with its employment policies and that such information will not be used for any other purpose other than consideration of the above as an employee of the City of Columbus, Kansas, and (2) this background check is required because of the nature of the particular position that I have made application in that it involves a sensitive position or that I may be working in an area where confidentiality and security is important. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release any City of Columbus, Kansas, employee who conducts any part of my background investigation from any and all liability resulting from such investigation.

Photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.



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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND CONFIDENTIALITY

Witness (age 21 or older)

Print Name

Date

Maiden name and/or all other names by which you have been know or have used

Legible Signature

Current Address

Social Security Number

DOB

City, State, Zip Code

Failure to fill out this form clearly, correctly and completely may eliminate the applicant from further consideration and could result in civil or criminal penalties.

NOTARY SEAL OR STAMP

Subscribed to and before me the ____ day of ____ 20 ____

Notary Public Signature

Notary (print name)

Date