



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?

No  Yes

Are you legally eligible to work in the United States?

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

Are you available to work:

Full Time  Part Time  Temporary

Are you currently on "lay-off" status and subject to recall?

No  Yes

Can you travel if a job requires it?

No  Yes

Date Available to Work \_\_\_\_\_

Desired Salary Range \_\_\_\_\_

Have you had any convictions, guilty pleas, pleas of no contest, or pending charges for criminal offenses, including but not limited to non-expunged felonies and misdemeanors within the past seven years or which resulted in a prison release or parole/probation period that extended into the last seven years? If yes, please explain in comments section.

No  Yes

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# 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.

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Employer	____ / ____ - ____ / ____ )	____
Address	_____	
Phone Number(s)	_____	
Starting Position/Job Title	Work Performed	
Supervisor	May We Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Reason for leaving	_____

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Employer	____ / ____ - ____ / ____ )	____
Address	_____	
Phone Number(s)	_____	
Starting Position/Job Title	Work Performed	
Supervisor	May We Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Reason for leaving	_____

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Employer	____ / ____ - ____ / ____ )	____
Address	_____	
Phone Number(s)	_____	
Starting Position/Job Title	Work Performed	
Supervisor	May We Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Reason for leaving	_____

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**Comments:** Include explanation of an gaps in employment

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**Describe any specialized training, apprenticeship, skills, and extra-cirricular activities**

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

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**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:

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## ADDITIONAL INFORMATION

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

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## EDUCATION

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

# 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.**

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

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

## 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.

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Applicant Signature Date

# 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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Witness (age 21 or older)

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Print Name

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Date

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

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Legible Signature

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Current Address

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Social Security Number

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DOB

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City, State, Zip Code

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