



Application
For Employment

CITY OF HIGHLAND, KANSAS

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For _____ Date of Application _____

How Did You Learn About Us?

Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Last Name _____ First Name _____ Middle Name _____

Address _____ Number _____ Street _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ Social Security Number _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment) Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

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

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

(Conviction will not necessarily disqualify an applicant from employment.)

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

Name and Address of School	Course of Study	Years Completed	Diploma Degree
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Elementary School

High School

Undergraduate College

Graduate Professional

Other (Specify)

Indicate any foreign languages you can speak, read and / or write

	Fluent	Good	Fair
Speak			
Read			
Write			

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

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

EMPLOYMENT 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.

1. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

3. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Supervisor		
Reason for Leaving			

4. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate piece of paper.

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

SPECIALIZED SKILLS

Check Skills/Equipment operated

SPECIALIZED SKILLS		Check Skills/Equipment operated	
<input type="checkbox"/> Quick Books	<input type="checkbox"/> Fax	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> Computer	<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Word	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Accounting	_____	_____
		_____	_____

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

REFERENCES

1. _____ (_____) _____
(Name) Phone #

(Address)

2. _____ (_____) _____
(Name) Phone #

(Address)

3. _____ (_____) _____
(Name) Phone#

(Address)

APPLICANT’S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

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. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied for is open Yes NO

Position(s) Considered For _____

Date _____

NOTES: _____

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly rate/salary _____ Department _____

By _____
Name & Title Date

Notes _____

