



CITY OF HESSTON APPLICATION FOR EMPLOYMENT

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

(Please Print)

Position(s) applied for:	Date of Application:
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Last Name:	First Name:	Middle Name:	
Address:	City:	State:	Zip:
Telephone Number(s):			

Best time to contact you at home is _____ : _____ am / pm

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? If yes, give date: _____ Yes No

Have you ever been employed with us before? If yes, give date: _____ Yes No

Do any of your friends or relatives work here? _____ Yes No

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 a Visa or Immigration Status (*Proof of citizenship or immigration status will be required upon employment*) Yes No

Date available for work ___ / ___ / ___ What is your desired salary range? _____

Are you available to work: Full Time Part Time (Mornings Afternoon Evenings) Temporary

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

Can you travel if the job requires it? _____ Yes No

Have you been convicted of a crime excluding traffic offenses? _____ Yes No

If yes, please explain _____
(Conviction of a crime is not a disqualification for employment, all circumstances will be considered.)

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EDUCATION

	Name & Address of School	Course of Study <i>(if applicable)</i>	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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

Describe any job-related training received in the United States Military:

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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, gender, nation origin, disabilities or protected status.

These are the only employers that I have had in the last 7 years:

Signature _____

Date _____

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Dates Employed		
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Dates Employed		
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Dates Employed		
Job Title	Supervisor		
Reason for Leaving			

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

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ADDITIONAL INFORMATION

List any 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.)

Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experience.)

Specialized Skills (Check skills/equipment operated)

Personal Computer	Yes	No	Production/Mobile Machinery	Other
Office Software:			(list)	(list)
Spreadsheet	Yes	No	_____	_____
Word Processing	Yes	No	_____	_____
Database	Yes	No	_____	_____
Typewriter _____ wpm			_____	_____

A valid Kansas driver's license may be required for this position. Please complete.

State	License #	Expiration Date
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Is your license a CDL? Yes No If so, what class?

If driving is a requirement of this position for which you are applying, I authorize the City to access my driving record to verify this information. (Please initial here.) _____

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

Note to Applicants: Do not answer the question below unless you have been informed about the requirements of the job which you are applying.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities in the job or occupation which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

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REFERENCES

1. Name:	Phone:
Address:	

1. Name:	Phone:
Address:	

1. Name:	Phone:
Address:	

Please read the following statement carefully before you sign your name.

I HEREBY CERTIFY I have answered all questions completely and that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, and any other sources of information which may be relevant to my application for employment. It is understood and agree that any misrepresentation, false statement or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this City. I have read, understand and agree to the above statement. *(Please initial here.)* _____

I hereby specifically authorize the City to conduct a Criminal Background Check through law enforcement agencies. I further authorize the City to contact schools listed herein by me and for the City to have full access to my academic record at such schools. *(Please initial here.)* _____

I further understand that no representative of the City has the authority to enter into any agreement for employment for any specified period of time and that this City is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this City. I have read, understand and agree to the above statement. *(Please initial here.)* _____

If employed, I agree to abide by all of the work and safety rules of the City. I understand that this City is committed to maintaining a safe and drug-free workplace. I am aware that the City may require a pre-employment physical and drug test as a part of the hiring process. Also, if employed, I realize that the City conducts monthly random drug testing of its employees. I have read, and understand and agree to the above statement. *(Please initial here.)* _____

I understand that this application will remain active for 60 days for consideration. After 60 days, if I am still interested in a position with this City, it will be necessary for me to update the application form.

SIGN HERE _____ DATE _____

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