THE CITY OF COLBY, KANSAS

585 N. Franklin
Colby, KS 67701
785-460-4400
www.cityofcolby.com

APPLICATION FOR EMPLOYMENT

_____
Name

THE CITY OF COLBY, KANSAS

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. A qualified individual with a disability may request a reasonable accommodation during the employment process.

PLEASE PRINT

Position(s) Applied For: _____

How did you learn about us:

[ ] Advertisement [ ] Friend [ ] Walk-In
[ ] Employment Agency [ ] Relative [ ] Other: _____

_____/_____/_____
Last Name First Name Middle Name

_____/_____/_____/_____
Address City State Zip Code

_____/_____/_____/_____
Telephone Number(s) Driver's License Number State Social Security Number

If you are under 18 years of age, can you provide 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
(Hiring contingent upon a favorable reference received.)

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

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

Can you travel if a job requires it? [ ] Yes [ ] No

Do you currently have a relative(s) employed by the City? [ ] Yes [ ] No
If Yes, please identify employee and your relationship _____

Have you had any convictions (sealed or otherwise) or are you currently awaiting disposition on any criminal matter for which you have been arrested? If yes, please explain _____

Are you available to work: [ ] Full-time [ ] Part-Time [ ] Shift Work [ ] Temporary

On what date would you be available for work? _____

EDUCATION

Elementary School – School Name & Location: _____
Years K 1 2 3 4 5 6 7 8

High School – School Name & Location: _____
Years Completed: 9 10 11 12
Diploma: _____

Undergraduate College/University – School Name & Location: _____
Years Completed: 1 2 3 4
Diploma/Degree: _____
Describe Course of Study: _____

Graduate School – School Name & Location: _____
Years Completed: 1 2 3 4
Diploma/Degree: _____
Describe Course of Study: _____

Professional Experience: _____

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

_____

_____

Describe any Honors you have received: _____

_____

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

_____

OPTIONAL:

Indicate any foreign languages (other than English) which you can speak, read, and/or write if you want to have this skill considered as part of your application.

Language: _____

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List Professional, Trade, Business, or Civic Activities and Offices held - You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

_____

REFERENCES

Give name, address and telephone number of three (3) references who are not related to you. You may list previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States Military? [ ] Yes [ ] No

If Yes, please describe: _____

_____

If you are an individual with a disability, please let us know if you will require any accommodation to perform the essential functions of the position(s) for which you are applying so that we can make the necessary arrangements.

For CDL (Commercial Drivers License) Holders <u>ONLY</u>

During the past two (2) years, have you been employed in safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules/regulations? [ ] Yes [ ] No

Name of Employer: _____

During the past two (2) years, have you refused to take a pre-employment drug or alcohol test administered by a potential employer for safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules/regulations? [ ] Yes [ ] No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include all positions going back at least 10 years or to age 18, and include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. Please add additional pages as necessary.

1.

Employer: _____

Address: _____

Telephone Number(s): _____

Job Title: _____

Supervisor: _____

Work Performed: _____

Dates Employed: From _____ To _____

Hourly Rate/Salary: Starting _____ Final _____

Reason for Leaving: _____

2.

Employer: _____

Address: _____

Telephone Number(s): _____

Job Title: _____

Supervisor: _____

Work Performed: _____

Dates Employed: From _____ To _____

Hourly Rate/Salary: Starting _____ Final _____

Reason for Leaving: _____

3.

Employer: _____

Address: _____

Telephone Number(s): _____

Job Title: _____

Supervisor: _____

Work Performed: _____

Dates Employed: From _____ To _____

Hourly Rate/Salary: Starting _____ Final _____

Reason for Leaving: _____

4.

Employer: _____

Address: _____

Telephone Number(s): _____

Job Title: _____

Supervisor: _____

Work Performed: _____

Dates Employed: From _____ To _____

Hourly Rate/Salary: Starting _____ Final _____

Reason for Leaving: _____

Special Skills and Qualifications – Summarize special job-related skills and qualifications acquired from employment or other experience:

_____

_____

_____

_____

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. 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 the City Manager as approved by the City Council.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer. **The City of Colby requires drug screening for new employees.**

_____ _____

Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? [ ] Yes [ ] No

Remarks:

_____

_____

_____

_____

Interviewer: _____ Date: _____

Employed? [ ] Yes [ ] No Date of Employment: _____

Job Title: _____ Hourly Rate/Salary: _____

Department: _____

By: _____

Name & Title

Date: _____

Attachment A

APPLICANT RELEASE – EMPLOYMENT INFORMATION

Completed by: _____
(Applicant)

I herein grant permission to the City of Colby, its officers, and agents to obtain employment references and employment information, including but not limited to prior performance evaluations, so the City and its officers can make a hiring decision. I hereby agree to hold the City, its agents, and persons providing employment reference information harmless and free of any and all liability that could result from this process.

_____
Applicant Signature

_____
Date

Drivers License Information:

Drivers License No: _____

State of Issuance: _____