

APPLICATION FOR EMPLOYMENT

CITY OF WINFIELD, KANSAS
 Personnel Department
 200 E. 9th P.O. Box 646
 Winfield, KS 67156
 620-221-5510 ph
 620-221-5593 fx

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	
How Did You Learn About Us?						
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative		<input type="checkbox"/> Inquiry		
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend		<input type="checkbox"/> Other		
Last Name		First Name			Middle Name	
Address	Number	Street	City	State	Zip Code	
Telephone Number(s)				Social Security Number		

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?..... Yes No
 If Yes, give date _____

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

Do any of your friends or relatives, other than spouse, 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 Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment..... Yes No

Date available for work ____/____/____ What is you desired salary range? _____

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

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 ever been convicted of a felony? Yes No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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: Street	City	State		Zip
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	From	To		
	Reason for Leaving	Starting	Final		
2.	Employer	Dates Employed		Work Performed	
	Address: Street	City	State		Zip
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	From	To		
	Reason for Leaving	Starting	Final		
3.	Employer	Dates Employed		Work Performed	
	Address: Street	City	State		Zip
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	From	To		
	Reason for Leaving	Starting	Final		
4.	Employer	Dates Employed		Work Performed	
	Address: Street	City	State		Zip
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	From	To		
	Reason for Leaving	Starting	Final		

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

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. 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

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

INTERVIEWER

DATE

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____

NAME AND TITLE

DATE

Affirmative Action Data Record

Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

(Please Print)

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

REFERRAL SOURCE:

Advertisement
 Employee
 Relative
 Private Employment Agency
 Friend
 Walk-In
 Government Employment Agency
 Other _____

<input checked="" type="checkbox"/> Complete Only the Sections Below That Have Been Checked	
<input checked="" type="checkbox"/>	Current Job
<input checked="" type="checkbox"/>	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input checked="" type="checkbox"/>	Check One Of The Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
	Check If Any Of The Following Are Applicable <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual
	Birth date