

CITY OF GOODLAND

204 W. 11th

P.O. Box 59

Goodland, KS 67735

Phone 785-899-4500

FAX 785-899-4532

Application For Employment

We consider applicants for all jobs without regard to race, color, religion, sex, national origin, age, the presence of a non-job-related medical condition or disability, or any other legally protected status. We will not refuse to hire a disabled applicant who is qualified to perform the essential functions of the job with reasonable accommodation. Residency requirement information is available from the City Manager's Office. The City of Goodland may conduct pre-employment drug testing.

Job Applied For	Date of Application

(Please type or print in ink only)

Last Name	First Name	Middle Initial
Mailing Address	City	State Zip Code
Telephone Numbers	(Home)	(Work) Social Security Number

You must fully complete this application. In addition, you may include a resume or other related personal qualification information relevant to the job.

Have you ever been employed with us before? Yes No

If yes, give date _____ What Department? _____

Are you age 18 or over? Yes No

May we contact your present employer? Yes No

Are you legally eligible to work in the United States?
Proof of citizenship or immigration status will be required upon hire. Yes No

On what date would you be available for work? _____

If the job requires a valid driver's license, please complete the information directly below:

Number _____ State _____ Regular CDL

List any relatives presently employed by the City of Goodland, and state how you are related.

Are you willing to work overtime if required? Yes No

Are you willing to work different shifts if required? Yes No

Were you in the U.S. Armed Forces? Yes No

Have you been convicted of a felony in civilian or military courts within the last 7 years? Yes No

(A conviction will not necessarily be a bar to employment. Factors such as date, nature and number of offenses, age at the time of offense and rehabilitation will be considered.)

If yes, please explain _____

The City of Goodland is a Drug Free/Equal Opportunity Employer

Employment Experience

Start with your present or last job including any military service assignments and complete the below information fully. Give dates and reasons, excluding disabilities, for time not accounted for in your employment history as listed. If you need additional space, please continue on a separate sheet of paper.

Employer	Dates Employed		Your Job Title and Major Duties	
Address				
City	State	Hourly Rate/Salary		
Telephone Number	Your Supervisor	Starting		Final
Reason For Leaving				
Employer	Dates Employed		Your Job Title and Major Duties	
Address				
City	State	Hourly Rate/Salary		
Telephone Number	Your Supervisor	Starting		Final
Reason For Leaving				
Employer	Dates Employed		Your Job Title and Major Duties	
Address				
City	State	Hourly Rate/Salary		
Telephone Number	Your Supervisor	Starting		Final
Reason For Leaving				
Employer	Dates Employed		Your Job Title and Major Duties	
Address				
City	State	Hourly Rate/Salary		
Telephone Number	Your Supervisor	Starting		Final
Reason For Leaving				
<p>Special Skills and Qualifications: Summarize special job-related skills and qualifications acquired from employment, military or other experience.</p>				

Education

School Name and Location	High School or GED				Undergraduate College/University				Graduate/Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												

List any professional, trade, business, or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability, or political affiliation, or other protected status

References

List three references who are neither related to you nor a former employer.

Name Address (city, state, zip) Telephone Number Years Known

Applicant's Statement

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which if disclosed, would affect this application unfavorably.

I authorize this document to be used by the City of Goodland and any of its authorized representatives to obtain any and all information deemed to be necessary to complete the investigation on my application. This information may concern but not be limited to, character, ability, educational background, general reputation, criminal conviction record, civil litigation and driving record. This authorizes my previous employers and schools to give any information regarding employment or educational records including the reasons for terminations. I agree that this organization and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application. In the event of my employment with this organization I will comply with all rules and regulations set forth in any communication distributed to employees.

I further understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____