



EMPLOYMENT APPLICATION

THIS FORM CAN BE FILLED OUT FROM YOUR COMPUTER THEN E-MAILED TO RKEASLING@GREATBENDKS.NET OR PRINT, THEN MAIL OR FAX TO: Human Resources, 1209 Williams, PO Box 1168, Great Bend, KS 67530 (620) 793-4111, Fax (620) 793-4108

This Application is the initial part of the employment process. Read Job Announcement thoroughly and apply only if you feel reasonably certain that you meet the requirements. Clearly state your qualifications. Incomplete or illegible applications may be disqualified. Fill out this application completely. If a question does not apply to you, write "NA". A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION. Documents submitted with this application will not be returned. Notify us promptly if you have a change of address, phone, or employer. If you need assistance with this application, we will be glad to help you.

Equal Opportunity Employer

We consider applicants for all positions on the basis of demonstrated merit and fitness determined by fair and practical methods of selection, without regard to race, color, sex, disability, religion, age, national origin, ancestry, genetic information, sexual orientation, gender identity or expression.

Date of Application: Referred by: Position You Are Seeking (include Department): Name: Social Security Number: Street Address: City: State: Zip Code: Home phone: Work phone: Cellular Phone: E-mail:

- 1. Are you now, or have you ever been employed by the City?
2. Are you currently employed?
3. May we contact your current employer?
4. May we contact your previous employer(s)?
5. If less than 18 years of age, can you provide proof of eligibility to work?
6. Have you ever been convicted of a felony within the last 7 years?
7. Do you have a valid driver license?
8. Are you legally eligible to work in the United States?
9. On what date would you be available for work?
10. Are you available to work: Full-Time Part-Time Shift Work Temporary
11. Do any of your relatives work here?
12. What is your desired salary range?
13. Are you on lay-off and subject to recall?

14. Remarks (List Question #)

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

(You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status)

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Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**EDUCATION**

	High School	College	Graduate/Professional
School Name			
Years Completed			
Diploma			
Describe Course of Study			
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities			
Honors Received			

Summarize special skills and qualifications acquired from employment or other experience and/or state any additional information you feel may be helpful to us in considering your application.

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### EXPERIENCE

List all positions you have held in the last 10 years. Start with your present or most recent position and work backwards. Account for volunteer, part-time, military, summer positions, and periods of unemployment, etc. **IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION.** List each change of title or promotion separately. Resumes may be attached. Attach additional sheets as necessary. You may exclude organization names that indicate race, color, religion, gender, national origin, disability or other protected status.

<b>From</b> _____ <b>To</b> _____ <b>Job Title:</b> _____ <b>Hours/Week:</b> _____
<b>Employer Name &amp; Address:</b> _____
<b>Verify by calling:</b> _____ <b>Telephone:</b> _____
<b>Duties:</b> _____
_____
<b>Reason for Leaving:</b> _____

<b>From</b> _____ <b>To</b> _____ <b>Job Title:</b> _____ <b>Hours/Week:</b> _____
<b>Employer Name &amp; Address:</b> _____
<b>Verify by calling:</b> _____ <b>Telephone:</b> _____
<b>Duties:</b> _____
_____
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<b>Employer Name &amp; Address:</b> _____
<b>Verify by calling:</b> _____ <b>Telephone:</b> _____
<b>Duties:</b> _____
_____
<b>Reason for Leaving:</b> _____

From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Verify by calling: \_\_\_\_\_ Telephone: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Verify by calling: \_\_\_\_\_ Telephone: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**AGREEMENT: Read Carefully Before Signing**

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application or interview may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that the City will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that the City may terminate my employment at any time without liability for wages or salary except such as may have been earned at the date of such termination. I understand and agree that I may be required to take a physical examination, at City expense, at any time to determine if I am physically fit for the job I am to perform, and, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the City.
4. Although the City makes every effort to accommodate individual preferences, we may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is at will and that the City can change wages, benefits and conditions at any time. I have read and understand the above.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Applicant Data Record

## Voluntary Survey

Please complete this VOLUNTARY SURVEY used by the personnel division to collect statistics on the general attributes of the applicants for each position. Specifically, it helps city staff identify the effectiveness of our recruiting strategy.

This sheet is anonymous. It is filed separately from all employment applications in a CONFIDENTIAL FILE. Completion of this form is voluntary and refusal to provide this information will not subject you to any adverse treatment.

The Applicant Data Records will be used periodically to report general statistical information to the City Commission and government agencies.

We consider applicants for all positions, regardless of race, sex, religion, color, national origin, age, ancestry, sexual orientation, or disability.

PLEASE PRINT

**Date:** \_\_\_\_\_ **Position Applied For:** \_\_\_\_\_

**1. Referral Source (check all that apply):**

<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Employment Agency/KS Works
<input type="checkbox"/> City Website	<input type="checkbox"/> Internet
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Relative
<input type="checkbox"/> City Facebook Page	<input type="checkbox"/> Indeed
<input type="checkbox"/> Friend	<input type="checkbox"/> Other

**2. What is your preferred source for learning about new job opportunities?**

\_\_\_\_\_

**3. Race/Ethnic Group (check all that apply):**

<input type="checkbox"/> White	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Native American/ Alaskan Native	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other

**This Organization  
Participates in E-Verify**

**Esta Organización  
Participa en E-Verify**



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

### **E-Verify Works for Everyone**

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

### **E-Verify Funciona Para Todos**

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

**888-897-7781**

**[dhs.gov/e-verify](https://dhs.gov/e-verify)**



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