



## EMPLOYMENT APPLICATION

### CITY OF OSAWATOMIE

439 Main St.; P. O. Box 37

Osawatomie, KS 66064

Phone: (913) 755-2146 • Fax: (913) 755-4164

Email: ozcity@osawatomieks.org

*Our policy is to provide equal opportunity to all qualified applicants and employees without regard to race, color, religion, national origin, sex, age, handicap, veteran status, or other conditions as legally required, as well as to implement affirmative action towards applicants and employees as legally required.*

<b>P E R S O N A L  H I S T O R Y</b>	Name (First)		(Middle)		(Last)		
	Present address				City	State	Zip Code
	S.S.#	Date available for employment	Telephone #		How long at present address?		
	Position applied for		Minimum acceptable salary \$ per		Check one please <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> summer		Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Were you ever in our employ? Yes <input type="checkbox"/> When? No <input type="checkbox"/>		How were you referred?		List any relatives employed with our employ		
	Have you ever been convicted of any criminal offense other than minor traffic violations? (A conviction record does not necessarily bar you from employment; factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)						Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you at least 18 years of age? Yes <input type="checkbox"/> If not, please No <input type="checkbox"/> state your age		Are you legally eligible for employment in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		Circumstances of Conviction		
	Are you able to perform all essential functions of the job for which you are applying with or without reasonable accommodations?						

*It will be helpful in identifying your educational record if you will give as accurate information as possible on degrees and your name while attending the school.  
Use additional paper if necessary.*

<b>E D U C A T I O N</b>	Name of School	Address City, State, Zip Code	Course of Study	Last Grade Completed	Graduate?	Degree
	High School(s)				Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
	College(s)				Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Business, Trade, or Technical School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you now attending any school? Yes <input type="checkbox"/> No <input type="checkbox"/>		Current School Schedule		Name of School	Major / Professor	
Have you been in the U.S. Military Service? Yes <input type="checkbox"/> No <input type="checkbox"/>		Special Training in U.S. Military				

**Be sure your employment record accounts for all time since leaving school.**

*(If different from your present name, please write in the margin the name under which you were employed by each. Use additional paper if necessary.)*

E M P L O Y M E N T  R E C O R D	Company name of last employer		Address		City	State	Zip Code	
	Date Started-Month & Year	Date Left-Month & Year	Start Pay Rate \$ Per	Final Pay Rate \$ Per	Position Held			
	Why did you leave?		Name of Supervisor			Business Phone		
	Previous employer		Address		City	State	Zip Code	
	Date Started-Month & Year	Date Left-Month & Year	Start Pay Rate \$ Per	Final Pay Rate \$ Per	Position Held			
	Why did you leave?		Name of Supervisor			Business Phone		
	Previous employer		Address		City	State	Zip Code	
	Date Started-Month & Year	Date Left-Month & Year	Start Pay Rate \$ Per	Final Pay Rate \$ Per	Position Held			
	Why did you leave?		Name of Supervisor			Business Phone		
	Previous employer		Address		City	State	Zip Code	
	Date Started-Month & Year	Date Left-Month & Year	Start Pay Rate \$ Per	Final Pay Rate \$ Per	Position Held			
	Why did you leave?		Name of Supervisor			Business Phone		

May we contact the employers listed above?      Yes     No     If 'No', please explain: \_\_\_\_\_  
 List any other experiences or skills which you feel would qualify you for employment: \_\_\_\_\_

*In signing and submitting this application for employment to City of Osawatomie, I clearly Understand and agree: (1) I certify that the information contained in this application is Correct and complete to the best of my knowledge and understand that omission, misrepresentation or falsification of information is grounds for refusal to employ me or my dismissal if I am employed; (2) I authorize the references listed above, schools and current and past employers to give City of Osawatomie any and all records and information concerning my previous employment and any information they may have, personal or otherwise, and I release all parties from all liability for any damage or claim that may result from furnishing the same to the Company; (3) If I am employed, I agree to abide by the rules, regulations and policies of City of Osawatomie and my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at the option of either City of Osawatomie or myself; (4) I understand that no representative of City of Osawatomie, other than the City Manager of City of Osawatomie, has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing.*

\_\_\_\_\_  
 APPLICANT PLEASE SIGN HERE

P E R S O N N E L	
Start Date	Position
Salary	Department
Authorized By:	