

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 _____

High School – School Name & Location: _____
 Years Completed: _____
 Diploma: _____

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

Graduate School – School Name & Location: _____
 Years Completed: _____
 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 ONLY

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: _____

APPLICANT RELEASE-EMPLOYMENT INFORMATION

DATE: _____

NAME: _____

DOB: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER & STATE: _____

I certify that I am the person named above and the statements and answers I supplied in my application for employment with the City of Colby are true and accurate to the best of my knowledge. I understand that any and all information supplied on said application will be investigated by the Colby Police Department. If any information is found to be incorrect, incomplete, or misleading in any way it may render me ineligible for employment.

I hereby authorize any hospital, physician, former employer, City, County, State, or Federal agency to furnish to any member of the Colby Police Department information concerning me necessary for the purpose of processing my application.

Signature

Date