



EMPLOYMENT APPLICATION

10100 W. Grady, P.O. Box 245
 Maize, KS 67101-0245
 (316) 722-7561 (316) 722-0346 FAX

APPLICATION DATE ____ / ____ / ____

Position Applying For _____

____ / ____ / ____
 Date Available

PERSONAL INFORMATION						
NAME: Last			First		MI	Jr., Sr., etc.
PREFER TO BE CALLED			SOCIAL SECURITY NO.			
PERMANENT ADDRESS: <small>(where all official documents will be mailed)</small>		Street	City		State	Zip Code
PHONE NUMBER		()				
TEMPORARY ADDRESS:		Street	City		State	Zip Code
CELL PHONE NUMBER		()				
ARE YOU 18 YRS. OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO					E-MAIL:	
DRIVERS LICENSE NO.	STARTING SALARY DESIRED			SEEKING: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL		
HAVE YOU EVER BEEN CONVICTED OF ANYTHING OTHER THAN A MISDEMEANOR? If yes, explain:					<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU WORKED FOR THE CITY OF MAIZE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when:						
CAN YOU FURNISH PROOF OF CITIZENSHIP OR AUTHORIZATION TO WORK IN THE UNITED STATES?					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I AGREE TO THE FOLLOWING AS A CONDITION OF EMPLOYMENT: PHYSICAL EXAM AND DRUG SCREEN					<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION						
HIGH SCHOOL: <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th (Graduate) <input type="checkbox"/> G.E.D./H.S. EQUIVALENT						
LOCATION			Last Year Attended			
COLLEGE: <input type="checkbox"/> 1 Year Credits <input type="checkbox"/> 2 Years Credits <input type="checkbox"/> 3 Years Credits <input type="checkbox"/> 4 Years Credits <input type="checkbox"/> Degree Earned						
LOCATION		Last Year Attended		MAJOR		MINOR
GRADUATE WORK: <input type="checkbox"/> Post Graduate <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD						
LOCATION		Last Year Attended		SUBJECT		
TRADE SCHOOL/BUSINESS SCHOOL:						
LOCATION		Last Year Attended		COURSE LENGTH SUBJECT		
LOCATION		Last Year Attended		COURSE LENGTH SUBJECT		
LIST AWARDS, SCHOLARSHIPS, HONORS, ORGANIZATIONAL ACTIVITIES, PROFESSIONAL REGISTRATION, LICENSES THAT REFLECT ACADEMIC OR PROFESSIONAL RECOGNITION:						

MILITARY SERVICE		
BRANCH OF SERVICE	DATE ENTERED ____ / ____ / ____	DATE DISCHARGED ____ / ____ / ____
HIGHEST GRADE HELD	RESERVE OR NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	ACTIVE DUTY <input type="checkbox"/> YES If yes, length and frequency

Equal Employment Opportunity - It is the policy of this Company to abide by all applicable federal and state laws regarding EEO. We do not discriminate against any applicant for employment or any employee because of race, creed, color, national origin, sex, age, physical handicap or veterans status in terms of hiring, upgrading, demotion or transfer, compensation or training.

		REQUIREMENTS? <input type="checkbox"/> NO
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PREVIOUS EMPLOYMENT Enter Last Employer First

FROM: ____/____/____	TO: ____/____/____	COMPANY NAME ADDRESS	JOB TITLES AND DUTIES
PAY RATE			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		SUPERVISOR	PHONE
			REASON FOR LEAVING

FROM: ____/____/____	TO: ____/____/____	COMPANY NAME ADDRESS	JOB TITLES AND DUTIES
PAY RATE			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		SUPERVISOR	PHONE
			REASON FOR LEAVING

FROM: ____/____/____	TO: ____/____/____	COMPANY NAME ADDRESS	JOB TITLES AND DUTIES
PAY RATE			
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		SUPERVISOR	PHONE
			REASON FOR LEAVING

PERSONAL REFERENCES

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS KNOWN

RELATIVES EMPLOYED BY THE CITY OF MAIZE

NAME	RELATIONSHIP	POSITION
NAME	RELATIONSHIP	POSITION

Reference Checks - I certify that all statements on this application are correct and that misrepresentation or omission of the facts is cause for dismissal. I authorize this Company to contact previous employers, credit bureaus, friends, relatives or other who may provide information about my work record and character.

Employment at Will - I understand and agree that my employment is "at will", which means that I have the right to end our work relationship at any time for any reason whatsoever, and conversely, the Company has the right to alter or modify the terms of employment or terminate the employment relationship at any time for any reason whatsoever, whether or not such reason constitutes equitable or just cause.

I certify that I have read and understand the foregoing.

SIGNATURE _____

DATE ____/____/____