



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:	COURSE LENGTH SUBJECT
LOCATION	Last Year Attended
LOCATION	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 REQUIREMENTS? YES NO 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.

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 ____/____/____