



EMPLOYMENT APPLICATION
City of Mount Hope
112 West Main
Mount Hope, KS 67108
316-661-2211

Position Applying For: _____ SS# _____

Date Available: _____ Salary Desired: _____ Telephone # _____

Name (Last) _____ (First) _____ (Middle) _____

Home Address _____

City _____ State _____ Zip Code _____

Are you 18 years of age or older? _____ If not, can you provide required proof of eligibility to work? _____

If hired, can you prove you are either (1) a U.S. citizen; or (2) that your immigration status permits you to lawfully work in this country? YES _____ NO _____

Circle Highest Grade Completed
High School 1, 2, 3, 4 College 1, 2, 3, 4 Graduate 1, 2, 3, 4
High School Name _____ Diploma YES / NO
College _____ Major _____ Degree YES / NO
Grad School _____ Major _____ Degree YES / NO
Vocational School _____ Major _____ Degree YES / NO

List other schools or formal training programs attended, including U.S. military.

List any other skills, experience, or training which should be considered.

Honors, Awards and Fellowships Received

Type of Drivers License
State _____ Class _____ Driver's License # _____
Date of Birth _____

Have you ever served Active Duty in the U.S. Armed Forces? YES / NO

Date Served: From: _____ To: _____

Branch: _____ Highest Rank Attained: _____

Have you ever been convicted of, or plead guilty or nolo contendere to, a crime (other than minor traffic violations)? YES / NO

If YES, please explain: _____

Beginning with present or most recent position, list past employment, including U.S. Military. List each position with the same employer separately, including U.S. Military. List all employment for the last 10 years. Account for unemployed period of three months or longer. If necessary, attach additional sheets.

May we contact your present employer? YES / NO

Company Name _____ Address _____

Position _____ Salary – Start _____ Final _____

Supervisor's Name _____ Start Date _____ End Date _____

Telephone Number _____ Average # Hours Worked Per Week _____

Duties & Responsibilities _____

Reason for Leaving _____

Company Name _____ Address _____

Position _____ Salary – Start _____ Final _____

Supervisor's Name _____ Start Date _____ End Date _____

Telephone Number _____ Average # Hours Worked Per Week _____

Duties & Responsibilities _____

Reason for Leaving _____

Company Name _____ Address _____

Position _____ Salary – Start _____ Final _____

Supervisor's Name _____ Start Date _____ End Date _____

Telephone Number _____ Average # Hours Worked Per Week _____

Duties & Responsibilities _____

Reason for Leaving _____

Company Name _____ Address _____

Position _____ Salary – Start _____ Final _____

Supervisor's Name _____ Start Date _____ End Date _____

Telephone Number _____ Average # Hours Worked Per Week _____

Duties & Responsibilities _____

Reason for Leaving _____

List three references other than relatives or former employers.

Name _____ Home Address _____
Home Phone _____ Business Address _____
Business Phone _____ How Long Known _____

Name _____ Home Address _____
Home Phone _____ Business Address _____
Business Phone _____ How Long Known _____

Name _____ Home Address _____
Home Phone _____ Business Address _____
Business Phone _____ How Long Known _____

JOB APPLICANTS' AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages based on having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Mount Hope and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Mount Hope unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Mount Hope retains the same right."

"I understand that prior to being offered employment with the City of Mount Hope I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform the City of Mount Hope prior to the administration of the test so that a reasonable accommodation can be made. The City of Mount Hope reserves the right to require medical documents concerning the need for the accommodation."

"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise the policies or procedures, in whole or in part, at any time."

Date

Applicant Signature _____

NOTICE
READ CAREFULLY
APPLICANTS FOR EMPLOYMENT WITH
THE CITY OF MOUNT HOPE

Before completing an application for employment with the City of Mount Hope, please **READ** the following instructions:

- * Read **ALL** printed information
- * All applications must be completed in full. Leave no blank spaces.
- * All applicants must provide a current telephone number and address where you can be reached.
- * All information requested on the application must be completed.
- * All information must be legible. (Please print neatly or type.)
- * Applicants will be subject to a drug and alcohol screening.
- * Applicants may be subject to a Criminal Background Check

An applicant **MAY NOT** be considered if:

- * Portions of the application are left blank.
- * A current telephone number or address where you can be reached is not provided.
- * The applicant has been convicted of, or pled guilty or nolo contendere to, a felony or has a history of criminal convictions or pleas.
- * An applicant, who receives a confirmed positive drug or alcohol screen, shall have the offer of employment withdrawn and shall be subject to disqualification from application for City employment for a period of two (2) years from the effective date of the disqualifying action.

I understand that I may be subject to a background and/or drug screening, (signature)_____.

Referral Source

How did you learn about this position? _____
