

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For _____	Date of Application _____
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Last Name _____	First Name _____	Middle Name _____
Address _____	<i>Number</i> _____	<i>Street</i> _____
	<i>City</i> _____	<i>State</i> _____
	<i>Zip Code</i> _____	
Email Address: _____ @ _____		
Telephone Number(s) _____	Date of Birth _____	Social Security Number _____

Best time to contact you at home is:..... AM PM

If you are under 18 years of age, can you provide required 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 _____

Do any of your friends or relatives, other than spouse, work here?..... YES NO

Are you currently employed?..... YES NO

May we contact your present employer?..... YES NO

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

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full time (please indicate 1 2 3 shift)
Circle Part Time (please indicate Mornings Afternoons Evenings)
Temporary (please indicate dates available ___/___/___ — ___/___/___)

Are you currently on "lay-off" status and subject to recall?..... YES NO

Can you travel if a job requires it? YES NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
Address		From	To	
Phone Number		Hourly Rate/Salary		
Job Title	Supervisor	Starting:		
Reason for Leaving		Final:		

Employer		Dates Employed		Work Performed
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Employer		Dates Employed		Work Performed
Address		From	To	
Phone Number		Hourly Rate/Salary		
Job Title	Supervisor	Starting:		
Reason for Leaving		Final:		

Employer		Dates Employed		Work Performed
Address		From	To	
Phone Number		Hourly Rate/Salary		
Job Title	Supervisor	Starting:		
Reason for Leaving		Final:		

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

A review of the activities involved in such job or occupation has been given. _____ YES _____ NO

REFERENCES

1. _____ (_____) _____
Name Phone #

Address

2. _____ (_____) _____
Name Phone #

Address

3. _____ (_____) _____
Name Phone #

Address

APPLICANT'S STATEMENT

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 still 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 documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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 and Title _____ Date _____

**Authorization to Investigate Police Records
Of Applicant For Employment With The City of Washington**

I hereby authorize the City of Washington, Kansas, to investigate all law enforcement files and records available to it for the purpose of determining if I have ever been convicted of any criminal act or ordinance violation. I understand that information obtained through this investigation will be used to determine my suitability for employment.

Applicant's Signature _____ Date _____