Date: _____ Department: Administration

City of McPherson
EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, martial status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him/herself in a manner which reflects favorably upon the organization and to recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK

NAME As it appears on Social Security Card or your Work Permit Card	LAST FIRST M.I.
SOCIAL SECURITY NUMBER	
ADDRESS	
CITY, STATE, ZIP	
HOME TELEPHONE	
DAYTIME TELEPHONE	
MESSAGE CONTACT	NAME NUMBER

ARE YOU AT LEAST 18 YEARS OLD? ○ YES ○ NO

OTHER NAMES YOU HAVE USED:

POSITION APPLIED FOR

SALARY REQUIREMENTS DATE AVAILABLE

REFERRED FOR THIS POSITION BY:

HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? ○ YES ○ NO

WHEN? DEPARTMENT N/A

SUPERVISOR REASON FOR LEAVING

HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.

○ YES ○ NO

IF YES, PLEASE GIVE LOCATION, DATE, CHARGE AND DISPOSITION OF CASE(S) ON A SEPARATE PAGE.

IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

○ I HAVE A VALID COMMERCIAL DRIVER'S LICENSE.

○ I HAVE A VALID DRIVER'S LICENSE.

D.L.# STATE

CAN YOU, IF HIRED SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?

○ YES

○ NO

City of McPherson

EMPLOYMENT APPLICATION

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

Branch of Service | Type of Discharge

Dates Served From | To

EDUCATION / SKILLS

HIGH SCHOOL	NAME CITY, STATE	YEARS COMPLETED 12	DEGREE / MAJOR
COMMUNITY or JR. COLL.	NAME CITY, STATE	YEARS COMPLETED 2	DEGREE / MAJOR
BUSINESS OR TRADE SCHOOL	NAME CITY, STATE	YEARS COMPLETED 2	DEGREE / MAJOR
COLLEGE OR UNIVERSITY	NAME CITY, STATE	YEARS COMPLETED 4	DEGREE / MAJOR
GRADUATE SCHOOL	NAME	YEARS COMPLETED	DEGREE / MAJOR

COMPUTER SOFTWARE SKILLS

APPLICATION	NAME	PROFICIENCY SKILLED / COMPETENT / FAMILIAR
WORD PROCESSING		Familiar
SPREADSHEET		Familiar
DATABASE		Familiar
		Familiar
		Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES & CERTIFICATIONS (Job Related)

TYPE OF LICENSE & CERTIFICATE	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)

NAME	DATE	NAME	DATE

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

City of McPherson

EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY, OR EMPLOYMENT SINCE ATTENDING HIGH SCHOOL, AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK. BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES, OR COMMISSIONS.

Employer | From Mo Yr
Address | To Mo Yr
City, ST ZIP | Total Yrs Mos
Position | Supervisor | Phone
Base Salary Start Final | ○ Monthly ○ Weekly ○ Hourly ○ Other
Other Compensation, Bonuses
Brief description of your duties & responsibilities | Reason for Leaving

Employer | From Mo Yr
Address | To Mo Yr
City, ST ZIP | Total Yrs Mos
Position | Supervisor | Phone
Base Salary Start Final | ○ Monthly ○ Weekly ○ Hourly ○ Other
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City, ST ZIP | Total Yrs Mos
Position | Supervisor | Phone
Base Salary Start Final | ○ Monthly ○ Weekly ○ Hourly ○ Other
Other Compensation, Bonuses
Brief description of your duties & responsibilities | Reason for Leaving

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

City of McPherson

EMPLOYMENT APPLICATION

REFERENCES (No Relatives)

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Daytime Phone	Daytime Phone
Relationship	Relationship
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Daytime Phone	Daytime Phone
Relationship	Relationship

AUTHORIZATION AND AGREEMENT

I hereby authorize you to contact: My Present Employer(s): ◯ Yes ◯ No

My Past Employers: ◯ Yes ◯ No

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by us or by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted by us or by a consumer reporting agency. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency, if any, or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer reporting agency that compiled the report.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorization forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests, including physical examination and drug tests, and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the appropriate department head.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement position, I will be required to comply with all the requirements of the Kansas Law Enforcement Training Center (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical examination and physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

SIGNATURE OF APPLICANT _____ DATE _____

EMPLOYMENT APPLICATION

FAIR CREDIT REPORTING ACT
Disclosure and Authorization Statement

To: All Applicants for Employment (Please Read Carefully Before Signing Below)

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgements, liens, and infromation about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, freinds, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigative process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

NAME (Please Print) _____

SIGNATURE OF APPLICANT _____ DATE _____