

City of Grandview Plaza

402 STATE ST
GRANDVIEW PLAZA, KS 66441
(785) 762-4271

APPLICATION FOR EMPLOYMENT

Instructions: Print in ink or type. The information you write on this application form will be used to judge your qualifications and evaluate your education and experience. You can be credited only with the education and experience shown. Give complete and concise answers.

Name:

First Middle Last

Address:

No. & Street City State Zip Code

Telephone Number: _____ Area Code _____

Are you a U.S. Citizen? ___ Yes ___ No

Position(s) applied for or type of work interested in: _____

Applying for (check one): _____ Full-time position

_____ Part-time position

_____ Summer or temporary position

If applying for part-time position, specify days and hours: _____

Would you accept a position, which required evening, shift, or weekend work?

___ Yes ___ No

If appointed, how soon could you begin work? _____

State minimum salary you would accept: _____

How did you learn about the position? _____

Driver's License Number: _____ State: _____ Type: _____

Were you in the U.S. Armed Forces? ___ Yes ___ No

Branch: _____ Active Duty: From _____ To _____

Rank upon discharge: _____

Are you now in the Active Reserves? ___ Yes ___ No

List three persons, other than relatives or former employers, who can serve as references to your character, training and ability.

Name

Address

Phone Number

- a. _____
 b. _____
 c. _____

RECORD OF EDUCATION AND TRAINING

- A. What is the highest grade of school you have completed? _____
 B. If you did not complete high school, do you have a high school equivalency diploma or certificate? _____ Yes _____ No If yes, date of diploma or certificate? _____

C.

Names and Addresses of schools attended since Jr. High School	Course(s) of study	Credit Hours completed	Attended from / to	Graduate yes / no	Degree obtained

D. Write a concise statement of your experience and training, which you feel, qualifies you for the position for which you are applying.

E. List any special training you feel especially qualifies you for the position for which you are applying (include active technical/ professional licenses and numbers, academic or professional awards):

F. Foreign languages spoken or read: _____

G. Clerical skills: Typing (w.p.m.) _____ Dictation (w.p.m.) _____

Office machines you can skillfully operate? _____

H. Can you operate a truck (5-speed or more)? _____

I. Can you operate a radio? _____

J. Professional or trade license(s): _____

K. Other: _____

Give your employment history beginning with your current or most recent employer. List all positions held within the last ten years. Include all applicable military positions and duties also. (If additional space is required, please attach an additional sheet using the same format as below.)

. Name of Employer: _____ From: ____/____ To: ____/____

Address: _____ Salary: _____

Telephone: _____

Job Title: _____

Name and title of supervisor: _____

Reason for leaving or considering change: _____

Duties: _____

May we contact? ____ Yes ____ No

• Name of Employer: _____ From: ____/____ To: ____/____

Address: _____ Salary: _____

Beginning Ending

Telephone: _____

Job Title: _____

Name and title of supervisor: _____

Reason for leaving or considering change: _____

Duties: _____

May we contact? ____ Yes ____ No

• Name of Employer: _____ From: ____/____ To: ____/____

Address: _____ Salary: _____

Telephone: _____

Job Title: _____

Name and title of supervisor: _____

Reason for leaving or considering change: _____

Duties: _____

May we contact? ____ Yes ____ No

**AUTHORIZATION TO INVESTIGATE POLICE RECORD OF APPLICANT FOR EMPLOYMENT
OF GRANDVIEW PLAZA KANSAS**

I hereby authorize the City of Grandview Plaza 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

APPLICANTS FOR EMPLOYMENT / STATISTICAL INFORMATION

This is to be completed by all applicants for employment with the City of Grandview Plaza. The information taken from this is used for statistical purposes only, and is not used in and has no bearing on the selection process.

Position Applied For: _____

Race: White _____ Black _____ Spanish- Surnamed _____

American Indian _____ Other (Specify) _____

Sex: Male _____ Female _____

Signature

Date

WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the _____ (agency's name to be inserted), hereinafter referred to as, "the Agency", processing of my application for employment, I, _____, hereby irrevocable agree to the following terms and considerations:

1. The term "background investigation" as used in this document refers to any agency and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the agency.
2. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action any officer, agent or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and to promise to hold harmless, under any and all causes of legal action, any and all persons or entities who shall furnish any information or opinions to the officers, agents or employees of the Agency who conducted my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agent or employees during the course of my background investigation, to furnish to such officers, agents or employees any information or opinions they may have, and hereby expressly waive any and all privileges I may have including but not limited to the attorney-client privilege, the physician-patient privilege, the psychotherapist-patient privilege, the clergy-man-penitent privilege, the husband-wife privilege, and the accountant-client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background investigation.
6. I expressly waive all of my legal rights and causes of action to the extent that the Agency background investigation may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain results of my background investigation as conducted by the Agency, realizing that such information must of necessity remain confidential.

This release from liability given by me to the political division, the Agency, its officers, agents, employees, and all others as mentioned above, shall to any right or action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

READ CAREFULLY BEFORE SIGNING

Date _____ Signature _____

ACKNOWLEDGEMENT

Subscribed and Sworn to before me on this ____ day of _____, _____, by

Print Name

Notary Public

**SUPPLEMENTAL INFORMATION SHEET:
APPLICATION FOR EMPLOYMENT**

This form supplements the City’s standard application form, and is on a voluntary basis by applicants for positions in the City, Police, and fire departments. Applicants may choose to leave some items on this form unanswered at their discretion without fear of prejudicing the consideration of their applications. All information on the standard application form and all information provided voluntarily on this supplemental form is subject to verification through background investigation.

INSTRUCTIONS: Print in ink or use a typewriter. Answers should be complete and concise.

Name: _____ **Social Security No.:** ____/____/____
Last First Middle

Place of Birth: _____

List addresses and periods of residence for the past ten years. Begin with present address first.

From:	To:		
Number and Street	City and State	Month/Year	Month/Year

Height: Feet ____ Inches ____ **Weight:** ____ Pounds

Do you wear eyeglasses or contact lenses? Yes ____ No ____

Are you color blind? Yes ____ No ____

List persons, excluding yourself, who are completely dependant on your support:

Name	Age	Relationship

List Three Personal References: (Include Name, Address, Phone #, and Years Known)

How much time have you lost from work during the last five (5) years due to illness or injury?

Have you ever drawn disability pension or compensation or otherwise been reimbursed for illness or injury? Yes _____ No _____ **If yes, explain:** _____

How much life insurance do you carry? _____

Beneficiary's name(s): _____

Address(s): _____

Have you ever been refused life insurance? Yes _____ No _____ **If yes, explain circumstances:**

Have you ever been involved in a traffic accident while you were driving?

Yes ___ No ___ **If yes, explain circumstances:** _____

Has your driver's license ever been revoked? Yes _____ No _____ **If yes, explain:**

Do you own a vehicle? Yes _____ No _____

Have you ever been sued or had your wages garnished? Yes _____ No _____ **If yes, explain:**

Do you use INTOXICATING liquor? Yes _____ No _____ Moderately _____

Have you ever used narcotics, prescription drugs, or other controlled substances other than at the direction of a physician? Yes _____ No _____ **If yes, explain on a separate sheet of paper and attach to this sheet.**

Would you be willing to take a polygraph examination ("Lie Detector Test") as part of the pre-employment background investigation process and, if employed, at any time if requested by the County?

Yes _____ No _____

Have you ever taken part in organized, competitive athletics? Yes _____ No _____ **If yes, what sport(s) and in what capacity(ies)?** _____

What are your hobbies? _____

Do you own a gun? Yes ___ No ___ If yes, what type: _____

Approximately how many rounds have you fired with each of the following caliber firearms? .22: _____

.38: _____ .45: _____ Other: _____

Attach an essay, please write, in your own handwriting, 250 words or less what special qualifications and abilities you possess and the reasons for your application for employment:

I declare that any information provided by me on this supplemental form has been provided on a voluntary basis, and that any information so provided is true and correct to the best of my knowledge and belief. I understand that falsification of any information so provided is grounds for disqualification or dismissal from employment.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewer's comments:

Signature: _____ Date: _____

____ Eligible for hire.
____ Not eligible for hire.

Not eligible because: _____

