



701 Washington • P.O. Box 603
Concordia, KS 66901
785-243-2670 • Fax: 785-243-3328

Date: _____

(Equal Opportunity Employer)

TO APPLICANT: We appreciate your interest in our organization and assure that we are interested in your qualifications. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or handicap.

Complete Application in Full

PERSONAL DATA:

Name: _____
Last First MI

Address: _____ Telephone: ____/____/____
No. & Street City St. Zip

Email: _____ Are you 18 years or older? ____Yes ____No

How/where did you hear about the position? _____

Type of Position: ____Full Time ____Part Time ____Summer ____Temporary

If part-time, state days and time _____

Position Applying For _____

Date Available to Begin Work _____ Salary Desired \$ _____ per hour

EDUCATION:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

If you did not complete high school, do you have a GED? ____Yes, Date _____ ____No

Table with 4 columns: School, Name & Location of School, Did you Graduate?, Course of Study/Major and Degree (s) Received. Rows include High School, Graduate School, and Business School.

List or describe any school courses and/or certifications that relate to the position for which you are applying:

Three horizontal lines for listing school courses and/or certifications.

EMPLOYMENT RECORD: Complete your employment record for at least the past 10 years. Include military experience if applicable. Please explain any gaps between jobs on the last page in "comments".

Present or last Employer: _____ Address: _____

From _____ To _____ Job Title _____ Telephone _____

Reason for leaving _____ Ending of Present Salary _____

May we contact your present employer for reference? _____ Supervisor _____

Briefly explain duties _____

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May we contact your present employer for reference? _____ Supervisor _____

Briefly explain duties _____

Are you presently employed? Yes No If yes, why do you wish to leave?

Would you object to having any of the above employers contacted in regard to your work? Yes No

If no, initial for approval _____ . If yes, explain _____

Have you ever supervised a group of employees? Yes No If yes, indicate in which position, the Number of employees and the extent of your responsibilities _____

Have you ever been employed by the City of Concordia? Yes No If yes, in which department?

_____ Position _____ From _____ To _____

Do you have any relatives working for the City of Concordia? Yes No If yes, indicate:

Department _____ Relationship _____

LICENSE INFORMATION: Do you have:

A valid driver's license: Yes No State of Issuance _____ License# _____

A valid Commercial license: Yes No State of Issuance _____ License# _____

Class of CDL _____ List Attachments _____

SKILL INVENTORY: Check those skills which you have acquired:

- CLERICAL: Typewriter wpm Cashiering General Accounting
 Record Keeping Key Punch Payroll
 Filing Purchasing Credits & Collection
 Telephone Utility Billing Calculator/Adding Machine
- TECHNICAL: Computer Programming Drafting Electrical Repair
 Illustrating Surveying Construction Inspection
 E.M.T. Photography Water/Wastewater Certification
 Level
- MAINTENANCE: Construction Truck Driver – to 1 ½ ton Farm Tractor
 Backhoe Truck Driver – over 1 ½ ton Trencher
 General Labor Grader Operations Bull Dozer
 Chain Saw Concrete Work Asphalt Work
 Vehicle Mechanic Plumbing Landscaping
 Hand Tools Loader

List any other skills you have including professional or technical licenses:

REFERENCES:

List three persons who are not related to you and who have a definite knowledge of your qualifications and fitness for the position for which you are applying.

	Name	Address	Occupation	Telephone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Comments: State why you believe you are qualified to perform the kind of work for which you are applying:

All conditional offers of employment will be conditional and subject to the passing a pre-employment physical, drug screen and applicant driving record must be acceptable by the city's insurance carrier.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the company.

I hereby certify that the information given in this application is true and correct. I understand that the City may research all statements and claim made on this application and make reference checks. If research shows that false information was willfully given by me, it shall be considered sufficient cause for rejection or dismissal.

Date _____ Signature _____



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Authority for Release of Information

Name
Last _____ First _____ Middle _____ Maiden _____
DOB: _____ SSN: _____
Place of Birth _____ City: _____ State: _____ County _____

I, _____, do hereby authorize a review of and full disclosure of all records, or any part there of, concerning myself, by and to any duly authorized agent of the City of Concordia, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give for full complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trail and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent date for the City of Concordia to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Concordia. I understand that all materials pertaining to this background investigation become the property of the City of Concordia and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Must be signed in the presence of a notary:

Signature _____
Date _____

(notary stamp)