



**City of Colwich**  
**310 S. 2<sup>nd</sup> St. P.O. Box 158**  
**Colwich, Kansas 67030**  
**(316) 796-1025**

**Employment Application – PLEASE PRINT CLEARLY**

You may also attach a resume, but a resume is not a substitute for filling out this application.

**Applicant Information**

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Drivers License: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
*Street Address*  
 \_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_  
Highlight the box below you would like to choose and type an X.

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Are you related to any City employee or elected City official? YES  NO  If yes, who and what is the relationship? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  (Such conviction may be relevant if job-related, but does not bar you from employment)  
 If yes, please explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  GED or Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment – List your MOST RECENT first

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Are you requesting Veterans preference in accordance with Kansas law? \_\_\_\_\_ YES \_\_\_\_\_ NO

Applicant's or Applicant's spouse's Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

I prefer not to disclose information

**Skills, Certifications, and Qualifications**

Do you have a valid driver's license? YES  NO

Machinery or equipment that you can operate that may be applicable to this position: \_\_\_\_\_  
\_\_\_\_\_

List any certifications you have that may be applicable to this position:  
\_\_\_\_\_  
\_\_\_\_\_

Summarize any qualifications or skills you have that may be applicable to this position?  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information**

State any additional information you feel may be helpful to us in considering your application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

**PLEASE READ AND SIGN THE STATEMENTS BELOW  
(Unsigned applications will be discarded and not be considered)**

**APPLICATION FOR EMPLOYMENT**

*The facts set forth in my application for employment are true and complete, to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I authorize any of my previous employers, schools, or persons named as references to give any information regarding employment of educational record. I agree that the City of Colwich and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application or for any information provided by them. I also acknowledge that this statement applies to any information I have provided on a resume or additional documents.*

*NOTE: I hereby understand and agree that if hired by the City of Colwich, I will be considered an "at will" employee and I may be removed at any time, with or without cause.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**DRUG SCREENING ACKNOWLEDGEMENT AND AGREEMENT**

*By my signature below, I understand and agree that if considered for employment with the City of Colwich, I may be required to submit to a drug screening test in the form of a urinalysis or blood test, as a condition of hire, or continued employment. This drug screening will be paid for by the City of Colwich.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF CRIMINAL ARRESTS AND DRIVING RECORD**

*I hereby authorize all law enforcement agencies, courts of law, and motor vehicle departments of any state in which I reside, or have resided, to provide information requested by the City of Colwich. I release all of these agencies from any liability due to releasing this information. I further authorize the City of Colwich to conduct this background investigation.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The City of Colwich is prepared to make reasonable accommodations for applicants with a disability. If called for an interview, please advise the person calling of any accommodations that you may need.*