



CITY OF SHAWNEE

11110 Johnson Drive
Shawnee, Kansas 66203
(913) 631-2500
www.cityofshawnee.org

APPLICATION FOR EMPLOYMENT

NOTICE: Information 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.

POSITION APPLYING FOR: _____ Date: _____

Would you be willing to work evenings, weekends or shift work? Yes No Occasionally

Will you work overtime? Yes No

PERSONAL INFORMATION

Name: _____ Social Security Number: _____
First MI Last

Address: _____
Street City, State Zip

Telephone: _____
Home Number Daytime Number Cell Phone Number

Email Address: _____

Driver's License: _____
Number State Type

Employment Referral: Indicate the name of the website, newspaper, employee, school, etc. which referred you for employment: _____

ELIGIBILITY

Are you between 19 and 70 years of age? Yes No

Do you have a legal right to work in the United States? (check one):

US Citizenship Permanent Resident Status Other (specify) _____

Do you have any relatives working for the City of Shawnee? Yes No

If yes, indicate: Department: _____ Relationship: _____

Have you ever been convicted of a crime or misdemeanor other than a traffic violation? Yes No

If yes, please give dates and explain conviction.

Date: _____ Conviction: _____

Disclosure of a criminal record will not necessarily disqualify you from employment consideration. Each conviction will be evaluated on its own merit with respect to time, circumstances, and seriousness in relation to the job you are applying for. Failure to disclose such information may result in disqualification of consideration from employment, or termination if employed.

MILITARY

Please make copies of all applicable service records including any discharge papers and attach to the application.

Branch: _____ Serial Number: _____

Date of Service: _____ to _____ Reserve Status: _____

Type of Discharge: _____ If not honorable, explain: _____

Grade and duty assignment at discharge/separation: _____

Selective Service Number: _____ Classification: _____

Are you a member of the Reserves or National Guard? Yes No

If yes, give unit, location, grade, and duty assignment: _____

EDUCATION

Account for all civilian schooling and military academies. Do not include military service schools.

Do you have a high school diploma: Yes No

If you did not complete high school, do you have a GED? Yes No

Are you fluent in a language other than English? Yes No If yes, which one(s)?: _____

SCHOOL	NAME & LOCATION	GRADUATE Yes/No	COURSE OF STUDY/MAJOR
HIGH SCHOOL			
COLLEGES/UNIVERSITIES			
GRADUATE SCHOOL			
OTHER (specify)			

Indicate occupational or professional licenses, certificates or registrations which you hold: _____

SKILLS & ABILITIES

Check those skills in which you are competent or equipment which you are competent to operate.

List activities, hobbies and volunteer work relevant to the position for which you are applying (excluding organizations which indicate race, creed, color, religion, sex or national origin: _____

- | | | |
|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> bookkeeping | <input type="checkbox"/> word processing | <input type="checkbox"/> asphalt work |
| <input type="checkbox"/> general accounting | identify software: | <input type="checkbox"/> backhoe |
| <input type="checkbox"/> payroll | <input type="checkbox"/> WordPerfect | <input type="checkbox"/> bulldozer |
| <input type="checkbox"/> purchasing | <input type="checkbox"/> Word | <input type="checkbox"/> carpentry |
| <input type="checkbox"/> switchboard | <input type="checkbox"/> Other_____ | <input type="checkbox"/> chain saw |
| <input type="checkbox"/> # of incoming lines _____ | <input type="checkbox"/> database | <input type="checkbox"/> concrete work |
| <input type="checkbox"/> 10-key | identify software: | <input type="checkbox"/> construction inspection |
| <input type="checkbox"/> calculator/adding machine | <input type="checkbox"/> Lotus Notes | <input type="checkbox"/> construction maintenance |
| <input type="checkbox"/> cashiering | <input type="checkbox"/> Access | <input type="checkbox"/> electrical repair |
| <input type="checkbox"/> copy machine | <input type="checkbox"/> Fox Pro | <input type="checkbox"/> general labor |
| <input type="checkbox"/> facsimile | <input type="checkbox"/> Other_____ | <input type="checkbox"/> grader |
| <input type="checkbox"/> filing | <input type="checkbox"/> desktop publishing | <input type="checkbox"/> hand tools |
| <input type="checkbox"/> scanner | identify software: | <input type="checkbox"/> landscaping |
| <input type="checkbox"/> cartography | <input type="checkbox"/> Quark | <input type="checkbox"/> mowing |
| <input type="checkbox"/> drafting | <input type="checkbox"/> Pagemaker | <input type="checkbox"/> plumbing |
| <input type="checkbox"/> graphics | <input type="checkbox"/> Other_____ | <input type="checkbox"/> snow plow |
| <input type="checkbox"/> illustrating | <input type="checkbox"/> presentation programs | <input type="checkbox"/> storm drainage |
| <input type="checkbox"/> photography | identify software: | <input type="checkbox"/> street sealing & crack filling |
| <input type="checkbox"/> surveying | <input type="checkbox"/> Power Point | <input type="checkbox"/> street sweeper |
| <input type="checkbox"/> Firefighter I | <input type="checkbox"/> WordPerfect Presentations | <input type="checkbox"/> truck driving (1 1/2 tons) |
| <input type="checkbox"/> Firefighter II | <input type="checkbox"/> Other_____ | <input type="checkbox"/> truck driving (over 1 1/2 tons) |
| <input type="checkbox"/> EMT | <input type="checkbox"/> spreadsheets | <input type="checkbox"/> vehicle mechanics |
| <input type="checkbox"/> CPAT, Score _____ | identify software: | <input type="checkbox"/> welding |
| <input type="checkbox"/> FSEE, Score _____ | <input type="checkbox"/> Excel | <input type="checkbox"/> Other_____ |
| | <input type="checkbox"/> Lotus 1 2 3 | |

EMPLOYMENT RECORD

Notice: Start with your most recent employment record in reverse order. Include all employment from high school to present. Account for any time that you were unemployed by stating the nature of your activities. Use additional paper if necessary. Please complete this section even if submitting a resume.

Company: _____ Position _____ FT ____ / PT ____
Address: _____ City _____ State _____ Zip _____
Dates: From: _____ to _____ Salary: \$ _____
Supervisor's Name: _____ Telephone Number: _____
Job Duties: _____

Reason for Leaving: _____

Company: _____ Position _____ FT ____ / PT ____
Address: _____ City _____ State _____ Zip _____
Dates: From: _____ to _____ Salary: \$ _____
Supervisor's Name: _____ Telephone Number: _____
Job Duties: _____

Reason for Leaving: _____

Company: _____ Position _____ FT ____ / PT ____
Address: _____ City _____ State _____ Zip _____
Dates: From: _____ to _____ Salary: \$ _____
Supervisor's Name: _____ Telephone Number: _____
Job Duties: _____

Reason for Leaving: _____

Company: _____ Position _____ FT ____ / PT ____
Address: _____ City _____ State _____ Zip _____
Dates: From: _____ to _____ Salary: \$ _____
Supervisor's Name: _____ Telephone Number: _____
Job Duties: _____

Reason for Leaving: _____

Company: _____ Position _____ FT ____ / PT ____
Address: _____ City _____ State _____ Zip _____
Dates: From: _____ to _____ Salary: \$ _____
Supervisor's Name: _____ Telephone Number: _____
Job Duties: _____

Reason for Leaving: _____

What is the minimum salary you would accept? _____

If currently employed, why do you desire to change positions? _____

Have you ever been fired or asked to resign from any job? Yes No

If yes, explain: _____

May we contact your present employer as to your qualifications and character? Yes No

If no, explain: _____

For checking prior records, provide previous names, if any, under which your records exist:

Have you ever supervised a group of employees? Yes No

If yes, indicate number, type of employees and years of supervisory experience: _____

Have you applied for a position with the City before? Yes No

If yes, when and previous position applied for: _____

REFERENCES

NAME	ADDRESS	TELEPHONE	OCCUPATION	YEARS ACQUAINTED
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COMMENTS

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

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from City service if I have been employed.

Signature: _____ Date: _____

***The City of Shawnee is an Equal Opportunity Employer
A Tobacco Free Work Environment***

City of Shawnee

WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the City of Shawnee, Kansas, hereinafter referred to as the Agency, processing my application for employment, I, _____ hereby irrevocably agree to the following terms and conditions:

1. The term "background investigation" as used in this document refers to any 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 promise to hold harmless under any and all possible causes of legal action, any and all persons and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agents or employees during the course of my background investigation, to furnish such officers, agents or employees any information opinions they may have, and hereby expressly waive any and all legal privileges I may have including, the physician-patient privilege, the psychotherapist-patient privilege, the clergyman-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 actions to the extent that the Agency background 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 the 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 and employees, and all others as mentioned above, shall apply my right of action of any nature whatsoever that might accrue to myself, my heirs or my personal representative.

DO NOT SIGN THIS BEFORE READING

Date: _____ Signature of Applicant: _____

Date of Birth: _____ SSN: _____

Drivers License State and Number: _____

Date: _____ Witnessed by: _____

Credit Information Release Form

Consumer Report Disclosure

By this document, the City of Shawnee discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

Name (typed or printed)

Signature

Date

Consumer Report Authorization

This document shall authorize the procurement of a consumer report by the City of Shawnee as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Shawnee to procure consumer reports at any time during my employment period.

Name (typed or printed)

Signature

Date



CITY OF SHAWNEE
PRE-EMPLOYMENT DRUG SCREEN
CONSENT

1. I, _____, as an applicant with the City of Shawnee, Kansas, consent to allow my blood, breath and/or urine to be tested for drugs. I further consent to allow the results of such testing to be released to the City of Shawnee, Kansas or its authorized agents or representatives.

2. This section applies only to individuals applying for a position that requires a Commercial Driver's License. In compliance with Section 382.405(f) and (h) of the Federal Motor Carrier Safety Regulations, the City must obtain alcohol and drug testing results for the last two years for any person hired for a position requiring a Commercial Driver's License (CDL). I authorize my previous employer to provide any information to the City of Shawnee related to CDL tests given within the preceding two years that show an alcohol concentration results of .04 or greater, positive controlled substance results, and/or refusals to be tested.

3. I hereby release the City of Shawnee and its employees from any action that may arise out of results of such tests or information being released to the City of Shawnee.

4. I understand if I fail to sign and return this consent to the City of Shawnee, Kansas, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have received will be withdrawn.

APPLICANT

DATE

WITNESS

DATE

PARENT OR GUARDIAN'S SIGNATURE

DATE

(For applicants under the age of 18)

CITY OF SHAWNEE

PERSONNEL RESEARCH QUESTIONNAIRE

The information from this questionnaire will be used to help insure that the City of Shawnee meets the requirements of federal laws. Providing this information is voluntary. No individual personnel selections will be based on this information.

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

RACE: Check one

- Asian or Pacific islander
- American Indian
- Hispanic
- Black
- White

SEX: Check one

- Female
- Male

ARE YOU PHYSICALLY OR MENTALLY DISABLED? Check one

- Yes
- No

CHECK AS MANY BOXES AS APPLY:

- Veteran
- Vietnam-era veteran - served on active duty for more than 180 days during Vietnam-era (08/05/64 - 05/07/75)
- Special disabled veteran - disability rated at 30% or more
- Disabled veteran