City of Towanda, Kansas Application for Employment

The City of Towanda (hereafter "the City") will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond that time period should inquire as to whether or not applications are being accepted at that time.

Date	Position(s) applying for: 1)_		2)	
Referral source: Advert	isement \square Friend \square Relative	□ Walk-in □ Job	Agency \square (Other
LAST	FIRST City	MIDDLE		(NICKNAME)
	SSN			
	ou provide proof of eligibility to we			
Have you previously filed an	n application with the City?		Yes, Give date	e
Have you previously been en		es, Give date	e	
Are you related to anyone co		Yes, Give nan	me	
Are you currently employed		<i>Y</i> es		
May we contact your presen	t employer?		<i>Y</i> es	
• •	fully being employed in this count on status will be required of all new employ	•	migration Sta	tus? \square No \square Yes
On what date would you be	available for work?			
Are you interested in working	ng □ Full Time □ Part Time	☐ Shift Work □	☐ Temporary	☐ Seasonal
Are you currently on a lay-o	off and subject to recall?		<i>Y</i> es	
Are you willing to travel if a		<i>Y</i> es		
EDUCATION	Name and Location	Did you graduat	e?	Field of Study/Degree
High School				
College or University				
Specialized Training, Trade School, etc.				
Other Education				
	nest proficiency, special skills, or o			your abilities in

EMPLOYMENT HISTORY

Start with your present or most recent job. Include military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected statuses.

1) Employer		Dates Employed: From		To	
	Phone No	Hou	ly Rate/Salary: Start	End	
	Address	Desc	Describe work performed		
	Job Title				
	Reason for leaving				
	Employer	Date	s Employed: From	То	
	Phone No.		ly Rate/Salary: Start		
	Address		ribe work performed		
	Job Title				
	Reason for leaving				
3)	Employer		s Employed: From	To	
	Phone No		ly Rate/Salary: Start	End	
	Address		ribe work performed		
	Job Title				
	Reason for leaving				
4)	Employer Date		s Employed: From To		
	Phone No	Hou	ly Rate/Salary: Start	End	
	Address				
	Job Title				
	Reason for leaving				
RE	FERENCES				
Do	not list more than one family reference.				
1)	Name		Phone		
,	Address				
	Relationship	•		•	
2)	Name		Phone		
	Address			Zip	
	Relationship			•	
3)	Name		Phone		
ŕ	Address				
	Relationship		Length of relationship		

APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand and acknowledge, unless otherwise defined by applicable law, that all employment relationships with the City and employee are "at will," which means an employee may resign at any time with or without notice, and the employer may discharge an employee at any time with our without cause and with our without notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such is specifically acknowledged in writing by an authorized executive of this organization. I also understand that if I am employed by the City, false or misleading information provided on my application or discovered during the course of an interview, may result in discharge. I further understand that if employed, I am required to abide by all rules and regulations of the City.

Applicant Signature		Date
RELEASE OF INFORMATION		
To: Any local, state, or federal law enforcement as	gency, or any past o	r present employer.
I,, add	lress of	
thoroughly. I hereby authorize and request the rel that any person(s) who may furnish such informat information, and I do hereby release said person(s furnishing such information.	ion concerning me s	
Date of birth//	Place of birth	
		CITY, STATE
SSN DL No		DL State
City and State of residence for the previous ten (1)	O) years:	
	From	To
Given under my hand, this day of		, 20
Applicant Signature		Date
Witness Signature		Date