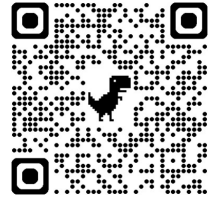




City of Leavenworth, Kansas
100 North 5th Street Leavenworth, KS 66048
www.leavenworthks.org



Application for Employment

Important Note: Answer all questions as completely and accurately as possible. Only **COMPLETE** and **LEGIBLE** applications will be considered!

Position Applied For: _____ Date of Application: _____

How did you hear about this position? _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone Number: _____ Email: _____

At least 21 years of age? ____ If no, date of birth: _____ Are you a US Citizen? ____ SSN (Last Four Only): _____

Do you have a valid driver's license? ____ If yes: _____
DL Number State Expiration Date

Have you ever worked for us? ____ If yes, when? _____

Are you related to any current city employee? ____ If yes, who: _____

Veterans Preference:

Do you claim veteran's preference? ____ If yes, check one of the following: ____ 5 points ____ 10 points Disabled Veteran
Dates of Service: _____ to _____ (**NOTE:** Must attach copy of DD-214, Member 4 copy.)

Have you ever been convicted of a felony? ____ Date(s) of Conviction(s): _____

If yes, Offense(s): _____

(Such conviction may be relevant, if job related, but does not necessarily bar you from employment.)

Record of Education

	Name and Location (City & State)	How many years completed?	Did you graduate?	Diploma, GED, or Degree Received:
High School:				
College:				
Trade/Other:				

Personal References

(Not former employers or relatives)

Name and Occupation	Address (City & State) and/or Email	Phone Number

List all skills, qualifications, and experiences that make you an ideal candidate for working with the City:

Employment History: List **ALL** past work experiences starting with your current or most recent position. Include military and volunteer work. Explain any lapses in employment. Attach additional sheets and/or resume, if necessary.

Employer: _____ **Address:** _____
Supervisor: _____
Start Date: _____ **End Date:** _____
Starting Salary: _____ **End Salary:** _____
Position(s) Held: _____ **FT: ____ PT: ____ Intern: ____ Seasonal: ____**
Reason for Leaving: _____
Specific Duties and Responsibilities: _____

Employer: _____ **Address:** _____
Supervisor: _____
Start Date: _____ **End Date:** _____
Starting Salary: _____ **End Salary:** _____
Position(s) Held: _____ **FT: ____ PT: ____ Intern: ____ Seasonal: ____**
Reason for Leaving: _____
Specific Duties and Responsibilities: _____

Employer: _____ **Address:** _____
Supervisor: _____
Start Date: _____ **End Date:** _____
Starting Salary: _____ **End Salary:** _____
Position(s) Held: _____ **FT: ____ PT: ____ Intern: ____ Seasonal: ____**
Reason for Leaving: _____
Specific Duties and Responsibilities: _____

Certificate of Applicant/Release of Authorization: I understand and agree that any misrepresentation on this application form and/or accompanying resume will be sufficient cause for cancellation of this application and/or the termination of my employment if I am already employed. Furthermore, I acknowledge that, just as I am free to resign at any time, the City reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I acknowledge that no representative of the City has the authority to provide assurances to the contrary. I grant the City permission to investigate all references and gather additional information about me to assess my suitability for employment. I hereby release the City and its representatives from any and all liability for seeking such information, as well as any individuals, corporations, or organizations that provide such information. I agree that my typed signature below will have the same validity and effect as a handwritten signature.

Signature of Applicant: _____ Date: _____

The City of Leavenworth is an Equal Opportunity Employer.

Applicant Affirmative Action Program Self-Identification Form

Required Information

Name: _____ Date of Application: _____

Position(s) for which you are applying: _____

Voluntary Information

NEMA is a government contractor and to comply with the regulations for equal employment opportunity and affirmative action (EEO/AA), we must track our applicants by gender and race/ethnicity and the position they applied for to the government. We are an organization that values diversity and encourages women and minorities to apply. For this reason, we invite you to indicate your gender and race/ethnicity below. This information is kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department; and will be used only for the necessary information to include in our Affirmative Action Program and reporting requirements to the government. When reported, data will not identify any specific individuals.

Gender: _____ Male _____ Female

Definitions of race/ethnicity are defined by the Equal Employment Opportunity Commission.

Race/Ethnic Identification (check one):

Are you Hispanic or Latino? _____ Yes _____ No

Hispanic of Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If you answered "Yes" you have completed this form. If you answered "No" please select a race from the options below.

_____ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American** - A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or More Races** – Check all that apply.

_____ **I do not wish to disclose.**