

**CITY OF HUMBOLDT**

725 Bridge Street, P.O. Box 228, Humboldt, Kansas 66748-0228  
Phone: 620-473-3232 Fax: 620-473-2133 Website: www.humboldtks.org

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, gender, religion, national origin, disability or other protected classification. **We are an Equal Opportunity Employer.**

If you need assistance in completing this form, please let us know.  
**(PLEASE PRINT)**

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_  
(See attached job description)

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
First Middle Last

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

E-mail (Optional) \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Are you a U.S. citizen or are you authorized by the INS to work in this country? \_\_\_\_\_

Are you over 18 years old? \_\_\_\_\_ If you are under 19, can you provide proof of eligibility to work? \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

(Conviction will not necessarily disqualify an applicant from employment)

Have you ever filed an application with this organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give date \_\_\_\_\_

Have you ever been employed with this organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give date \_\_\_\_\_

Do you have any relatives currently working for this organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work overtime if required? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if the job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job for which you have applied? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid Kansas driver's license if the job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE:** If a driver's license is required in the position for which you are applying, the City will make a motor vehicle operation history inquiry. A poor-driving record may disqualify an applicant from consideration for the position. By signing this application, you specifically authorize the City to make an inquiry of your driving record.

Driver's License Number: \_\_\_\_\_ Class of CDL Designation \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full time \_\_\_\_\_ Part-time \_\_\_\_\_ Shift work \_\_\_\_\_ Temporary \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job through your last three employers. Please include any job-related military service assignments and volunteer activities. You may exclude employers which may indicate race, age, color, religion, sex, national origin, disability or other protected status.

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_  
Employer Name \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_  
Employer Name \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_  
Employer Name \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_  
Employer Name \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**EDUCATION AND SPECIAL SKILLS**

<b>EDUCATION</b>	<b>NAME &amp; LOCATION OF SCHOOL</b>	<b>YEAR GRADUATED</b>	<b>MAJOR</b>	<b>DIPLOMA/ DEGREE</b>
High School				
College/University				
College/University				
Other Training/ Education				

Indicate any foreign languages you can speak, read or write

	<b>FLUENT</b>	<b>GOOD</b>	<b>FAIR</b>
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

Describe any specialized training, apprenticeship and skills, including military experience which may be useful in performing this job.

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**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) applied for is open: \_\_\_\_\_Yes \_\_\_\_\_No

Position(s) considered for: \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE READ BEFORE SIGNING**

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

I authorize my previous employers and schools to give any information regarding employment or educational records. I agree that this organization 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. In the event of my employment with this organization I will comply with all rules and regulations set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents which have been supplied with this application.

I further understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

I hereby acknowledge that I have read and understand the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Arrange Interview	_____	Yes	_____	No		
Remarks:	_____					
_____						
Interviewer:	_____			Date	_____	
Employed	_____	Yes	_____	No	Date of Employment	_____
Job Title:	_____			Hourly Rate/Salary	_____	
Department	_____					
By:	_____			Date	_____	
Name and Title						