

# CITY OF LARNED APPLICATION FOR EMPLOYMENT

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.  
(Application must be completed in full, even if attaching a résumé.)

POSITION APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

## PERSONAL

PLEASE PRINT USING BALLPOINT PEN

FULL NAME	FIRST/MIDDLE/LAST	SOCIAL SECURITY NUMBER (optional)	
PRESENT ADDRESS	STREET/CITY/STATE/ZIP	HOW LONG?	HOME TELEPHONE #
PREVIOUS ADDRESS	STREET/CITY/STATE/ZIP	HOW LONG?	MOBILE TELEPHONE #

IF NO PHONE, HOW MAY WE CONTACT YOU?

HAVE YOU EVER WORKED FOR THE CITY OR ANY OF ITS DEPARTMENTS?

YES  NO

IF YES, IN WHAT CAPACITY/POSITION? APPROXIMATE DATE: MO/YR.

HAVE YOU EVER APPLIED FOR A JOB WITH THE CITY OR ANY OF ITS DEPARTMENTS?

YES  NO

IF YES, WHERE? APPROXIMATE DATE: MO/YR.

HOW DID YOU LEARN ABOUT THIS POSITION?

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## GENERAL INFORMATION

IF YOU ARE UNDER AGE 18,  
CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK?  YES  NO

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT.  
CAN YOU, UPON EMPLOYMENT, PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY  
TO BE LEGALLY EMPLOYED IN THE UNITED STATES?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION.  
 YES  NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY EMPLOYMENT?  YES  NO  
IF YES, PLEASE EXPLAIN:

DESIRED WAGES/SALARY

IF APPLYING FOR A POSITION THAT REQUIRES A VALID DRIVERS LICENSE, CAN YOU, UPON EMPLOYMENT, PROVIDE  
THE APPROPRIATE VALID DRIVER'S LICENSE?  YES  NO

DO YOU CURRENTLY HAVE A VALID COMMERCIAL DRIVERS LICENSE?  YES  NO

## AVAILABILITY

**PLEASE CHECK SCHEDULE AVAILABILITY:**

- I DESIRE TO WORK FULL-TIME (40 HOURS) AND DO NOT HAVE RESTRICTIONS ON MY HOURS AND DAYS.  
 I AM AVAILABLE FULL TIME, BUT DESIRE TO WORK PART-TIME (PLEASE INDICATE DESIRED AVAILABILITY BELOW).  
 I AM ONLY AVAILABLE TO WORK PART-TIME (PLEASE INDICATE AVAILABILITY BELOW).

	MON	TUE	WED	THUR	FRI	SAT	SUN
HOURS AVAILABLE							

DATE AVAILABLE TO START:

**NOTE:** Work schedules are based upon the needs of the City and may be subject to change on a weekly basis.

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## EMPLOYMENT HISTORY

Begin with your most recent employment [1] and continue with all past employment (attach additional sheet(s) if necessary). Failure to provide a full disclosure of all past employment will result in your disqualification for employment, or, if employed, your dismissal.

IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? [ ] YES [ ] NO

<b>1</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES	
		MO.	YR.				
ADDRESS				\$			REASON FOR LEAVING (Please Explain)
CITY, STATE, ZIP		TO		ENDING SALARY			
		MO.	YR.				
TYPE OF BUSINESS				\$			
PHONE NO.		NAME & TITLE OF IMMEDIATE SUPERVISOR					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO	
<b>2</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES	
		MO.	YR.				
ADDRESS				\$			REASON FOR LEAVING (Please Explain)
CITY, STATE, ZIP		TO		ENDING SALARY			
		MO.	YR.				
TYPE OF BUSINESS				\$			
PHONE NO.		NAME & TITLE OF IMMEDIATE SUPERVISOR					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO	

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## EMPLOYMENT HISTORY

EMPLOYMENT HISTORY							
<b>3</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES	
		MO.	YR.				
ADDRESS				\$			REASON FOR LEAVING (Please Explain)
CITY, STATE, ZIP		TO		ENDING SALARY			
		MO.	YR.				
TYPE OF BUSINESS				\$			
PHONE NO.		NAME & TITLE OF IMMEDIATE SUPERVISOR					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO	
<b>4</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	DESCRIBE YOUR JOB DUTIES	
		MO.	YR.				
ADDRESS				\$			REASON FOR LEAVING (Please Explain)
CITY, STATE, ZIP		TO		ENDING SALARY			
		MO.	YR.				
TYPE OF BUSINESS				\$			
PHONE NO.		NAME & TITLE OF IMMEDIATE SUPERVISOR					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO	

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**EDUCATION**

NAME OF SCHOOL	ADDRESS	MAJOR	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[ ] YES [ ] NO	
COLLEGE			1 2 3 4	[ ] YES [ ] NO	
COLLEGE			1 2 3 4	[ ] YES [ ] NO	
GRADUATE SCHOOL			1 2 3 4	[ ] YES [ ] NO	
OTHER			1 2 3 4	[ ] YES [ ] NO	

**ADDITIONAL EXPERIENCE OR QUALIFICATIONS**

List any other experience, skills or other qualifications, including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like the City to consider in connection with your application for employment.


## ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with the City. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the City? [ ] YES [ ] NO  
 If Yes, please explain \_\_\_\_\_

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## REFERENCES

Please provide the names of one personal and one professional reference (other than family members).

<b>1</b>	NAME	OCCUPATION
	ADDRESS	TITLE/RELATIONSHIP
	CITY, STATE, ZIP	YEARS KNOWN
<b>2</b>	NAME	OCCUPATION
	ADDRESS	TITLE/RELATIONSHIP
	CITY, STATE, ZIP	YEARS KNOWN

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**NOTIFICATION AND AGREEMENT**

PLEASE READ BEFORE SIGNING

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE AND UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED. (Please initial here.)\_\_\_\_\_**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. **(Please initial here.)\_\_\_\_\_**

It is the policy of the City to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by federal, state or local law. **(Please initial here.)\_\_\_\_\_**

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information, and I also release the employer from all liability that might result from making an investigation. **(Please initial here.)\_\_\_\_\_**

If hired, I agree to abide by all of the City rules and regulations and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the City or me. I further understand that no representation, whether oral or written by any representative or agent of the City, can constitute a contract of employment. I understand that the City shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the City has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the governing body or to make any agreement contrary to the foregoing. **(Please initial here.)\_\_\_\_\_**

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the City after this application expires, it will be my responsibility to fill out a new application and submit it to the City. **(Please initial here.)\_\_\_\_\_**

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me. **(Please initial here.)\_\_\_\_\_**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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CITY OF LARNED, KANSAS

CHEMICAL SCREENING CONSENT AND RELEASE FORM

I, \_\_\_\_\_, hereby acknowledge that I have been informed of the City of Larned's Substance Abuse Policy and agree to be bound by that policy for purposes of applying for, accepting, or continuing employment with the City of Larned. I also hereby state that I am not a user of controlled substances, except as listed below under medical supervision.

I understand and consent freely and voluntarily to the City of Larned's request for a urine or other specimen or sample. I hereby release and hold harmless the City of Larned, its employees, agents, and contractors from any liability arising from this request to furnish this or any specimen or sample, the testing of the specimen or sample, and any decisions made concerning my application for employment or my continued employment, based upon the results of the tests. I consent to allow a City of Larned employee, designated physician, laboratory, hospital, or medical professional to perform appropriate chemical tests for the presence of alcohol, illegal drugs, or other controlled substances. I give my permission to any City of Larned employee, designated physician, laboratory, hospital, or medical professional to release the results of these tests to the City of Larned, and I release any such designated institution or person from any liability whatsoever arising from the release of this information.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Print/Type Name of Employee

\_\_\_\_\_  
Date

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CITY OF LARNED

**INVESTIGATION AUTHORIZATION**

As an applicant for the **City of Larned**, I authorize the **City of Larned** to investigate my employment history, educational accomplishments, criminal convictions, driving record, credit history, character, general reputation, personal characteristics, information pertaining to commercial driver's licenses and commercial driving work history.

I further authorize the **City of Larned** to verify the facts stated by me in the authorizations and application forms that I have submitted as part of my application for employment with the **City of Larned**.

I specifically release to the **City of Larned** any criminal history record information in my name that may be made available by the Kansas Bureau of Investigation and authorize the **City of Larned** to request that the Kansas Bureau of Investigation perform a criminal record check for my name.

I agree not to hold the **City of Larned** responsible, in any manner, for errors or information provided to the **City of Larned** by any other sources that **City of Larned** uses to obtain such information. I also agree to hold the **City of Larned** harmless for records deemed by me to be incorrect when the **City of Larned** has in good faith and according to its established lawful practices, based its information on sources it normally utilizes.

\_\_\_\_\_  
Applicant's Full Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Social Security Number

Sex: M F

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CITY OF LARNED

AFFIRMATION OF SUBSTANCE ABUSE POLICY

STATE OF POLICY

The City of Larned is committed to ensure a safe and drug and alcohol free workplace for all city employees and the general public. As a public employer, the City has a compelling interest in establishing reasonable conditions of employment. Prohibiting employee drug and alcohol use is one such condition.

The City of Larned is concerned with the wellbeing of its employees and the need to maintain employee productivity. The intent of the City of Larned's Substance Abuse Policy is to offer a helping hand to those who need it, while sending a clear message that any illegal drug or alcohol use is contradictory to public service and **will not be tolerated!**

It is the policy of the City of Larned that all applicants who receive a conditional offer of employment submit to a drug and alcohol test to document that they are drug and alcohol free. Refusal to comply with this requirement will be considered the equivalent of receiving a confirmed "positive" result and the offer of employment will be withdrawn and the applicant will be subject to disqualification from other application for city employment for a period of two (2) years from the effective date of the disqualification action.

AFFIRMATION OF POLICY

As an applicant for a position with the City of Larned, I affirm that I have read and understand the City of Larned's Substance Abuse Policy as noted above, and I am aware that any offer of employment is conditional upon by taking a drug and alcohol test and obtaining a "negative" result. If hired into a position for the City of Larned, I agree to abide by all provisions of the Substance Abuse Policy as a condition of my continued employment with the city.

\_\_\_\_\_  
Applicant's Full Name (Please Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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