

# CITY OF CUNNINGHAM

PO BOX 188 (620) 298-3077 119 N. Main  
Cunningham, Kansas 67035

## EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER : Applications are considered without regard to race, color, religion, sex, national origin, age, marital, or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Days/Hours Available

\_\_\_\_ Sun. \_\_\_\_ Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Th. \_\_\_\_ Fri. \_\_\_\_ Sat.

Hours Available: from \_\_\_\_ to \_\_\_\_ What date are you available to start work? \_\_\_\_\_

\_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Temporary

Who referred you to us?

\_\_\_\_ Agency \_\_\_\_ Employee \_\_\_\_ Ad \_\_\_\_ Other, please specify \_\_\_\_\_

## PERSONAL INFORMATION:

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Are you over 16 years old? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of or charged with a felony or misdemeanor? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain:

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Conviction will not necessarily disqualify an applicant from employment.

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Have you ever filed an application with this organization? \_\_\_ Yes \_\_\_ No If yes, give date \_\_\_\_\_

Have you ever been employed by this organization before? \_\_\_ Yes \_\_\_ No If yes, 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 reasonable accommodation, the essential functions of the job for which applied? \_\_\_ Yes \_\_\_ No

Do you have a valid Kansas driver's license of the job requires it?

Drivers License Number: \_\_\_\_\_

Class of CDL Designation: \_\_\_\_\_

EDUCATION:

Name and Address of School	Major Degree/Diploma	Years Completed
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High School:

_____	_____	_____
_____	_____	_____

College/University:

_____	_____	_____
_____	_____	_____

Other Education:

_____	_____	_____
_____	_____	_____

Indicate any foreign languages you can speak, read or write: \_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT/WORK EXPERIENCE:

Start with your present or most recent position. Include military service assignments and other volunteer activities. Exclude organization names that indicate race, color, religion, sex, national origin, disability, or other protected status.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Salary/Hourly Rate Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Salary/Hourly Rate Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_

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EMPLOYMENT/WORK EXPERIENCE CONTINUED:

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Salary/Hourly Rate Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Salary/Hourly Rate Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Dates of Employment (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_

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REFERENCES: Please provide at least 3 references.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

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PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to be 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: \_\_\_\_\_