

City of Cunningham

PO Box 188
119 N. Main St.
Cunningham, KS 67035

Employment Application

Applicant Information

Full Name: _____ Date: _____
First M.I. Last

Address: _____
Street Address – include Mailing Address

City State ZIP Code

Phone: _____ Email _____

Position Applied for: _____

Date Available: _____ Social Security No.: _____ Driver's License No. _____

Are you authorized to work in the U.S.? YES NO Are you capable of performing, with or without reasonable accommodation, the essential functions and activities involved in the position for which you have applied? YES NO

Do you have a valid driver's license.? YES NO

Have you ever worked for the City of Cunningham? YES NO If yes, when? _____

Have you ever filed an application for employment with the City of Cunningham? YES NO If yes, when? _____

Are you related to an employee or city official of the City of Cunningham?
*Relative is defined as spouse, child, step-child, parent, step-parent, legal guardian, brother, sister, brother-in-law, sister-in-law, step-sister, step-brother, aunt, uncle, niece, nephew, grandchild, grandparent, regardless of their place of residence; or any other individual related by blood or marriage.
YES NO If yes, provide the name of that person and your relationship above.

Have you ever been convicted of a felony? YES NO

If yes, explain:

(Conviction will not necessarily disqualify an applicant from employment)

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma or GED: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO If no, give reason: _____

City of Cunningham

Applicant's Name _____

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 If no, give reason:

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 If no, give reason:

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 If no, give reason:

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 If no, give reason:

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Disclaimer and Signature

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.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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

Signature: _____ Date: _____