



City of Pleasanton, Kansas  
1608 Laurel Street  
P. O. Box 399  
Pleasanton, Kansas 66075  
Telephone: 913-352-8257  
Fax: 913-352-8291

## EMPLOYMENT APPLICATION

### City of Pleasanton, Kansas

*An Equal Opportunity Employer*

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law. Those applicants who require reasonable accommodations to complete the application and/or interview process should notify a representative within the city hall.

PLEASE TYPE OR PRINT IN INK

Position(s) for which you are applying: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address: \_\_\_\_\_

How did you learn of the position(s):

Walk-in  School  Employee: \_\_\_\_\_

Advertisement  Website  Other: \_\_\_\_\_

Best time to call you: \_\_\_\_\_ At what number: \_\_\_\_\_

Other names you have used: \_\_\_\_\_

Are you at least 18 years old?  Yes  No Date available: \_\_\_\_\_

Have you ever been fired or asked to resign from a job:  Yes  No If yes, describe: \_\_\_\_\_

Have you ever been employed by this organization?  Yes  No  
If yes, Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Have you ever been convicted of a felony? (A conviction will not necessarily disqualify an applicant from employment.)  
 No  Yes If yes, give location, date, charge and disposition of case(s) on a separate sheet.

Have you ever pled "guilty" or "no contest" to or been convicted of a crime:  Yes  No  
Answering yes to the question does not constitute an automatic bar from employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration. Please provide date(s) and details on separate sheet.

If applying for a position which requires driving a municipal vehicle, please provide the following: I have a valid driver's license.  Yes, License Number \_\_\_\_\_  No

If hired, can you submit verification of your legal right to work in the United States?  Yes  No

### Education

High School Name/City/State: \_\_\_\_\_  
Diploma:  Yes  No  GED

College Name/City/State: \_\_\_\_\_  
Degree:  Yes  No

### Computer skills

Microsoft Office  Word  Excel  Powerpoint  Access  Publisher  
 Graphic design  Email  Internet  Quickbooks

### References

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

Telephone: \_\_\_\_\_ Years known: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Years known: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Year known: \_\_\_\_\_

**Employment History (starting with most recent)**

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Wage: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Type of business: \_\_\_\_\_

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

Brief description of duties and responsibilities: \_\_\_\_\_

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

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Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Wage: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Type of business: \_\_\_\_\_

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

Brief description of duties and responsibilities: \_\_\_\_\_

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

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Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Wage: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Type of business: \_\_\_\_\_

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

Brief description of duties and responsibilities: \_\_\_\_\_

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

*(Copy this page if additional employment history is necessary)*

**Emergency Contact**

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

Relationship: \_\_\_\_\_

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

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

Telephone Numbers: \_\_\_\_\_

**Authorization and Agreement**

*I hereby authorize you to contact:*

Present employer(s)  Yes  No

Past employer(s)  Yes  No

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personnel, school and/or employment references may be contacted to verify and to obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records may also be conducted. You will also be given a separate release information form which will allow the city and/or its designated representatives to fully investigate any information pertaining to a criminal conviction record and driver's license history.

I hereby authorize the employer, its representatives, and employees/agents to conduct all pre-employment inquiries and tests (if required) as described. I further authorize the employer and its representatives to verify all statements contained in this application and any other materials that I submit in connection with my employment application. I agree to complete any requisite authorization forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment. I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary.

I certify the information provided on this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other tie during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement position, I will be required to comply with all of the requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the State of Kansas. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

**DO NOT SIGN UNLESS YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS**

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

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

