



EMPLOYMENT APPLICATION FORM

City of Glen Elder
213 S. Market Street
P.O. Box 55
Glen Elder, KS 67446-0055

Phone: 785-545-3322
Fax: 785-545-3342
Email: glcity@nckcn.com

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Please Clearly PRINT all Information Provided

Date Submitted: _____ Position Applying For: _____
Date you can start: _____ Applying for: Full time Part time Temporary Summer Help

Name: _____ Date of Birth: _____ S.S. # _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Do you have a Driver's License? Yes No Has your driver's license ever been revoked? Yes No
License #: _____ State Issued: _____ Date of Expiration: _____

Are you a U.S. Citizen or an alien authorized to work in the United States? Yes No

Have you ever worked for the City of Glen Elder in the past? Yes No If yes, Year(s) of employment: _____
Position: _____ Reason for Leaving: _____

(1) Current Employer: _____ City: _____ State: _____
Position: _____ Year Started: _____ Number of years there: _____
May we contact your current employer? Yes No

(2) Previous Employer: _____ City: _____ State: _____
Position: _____ Year Started: _____ Number of years there: _____

(3) Previous Employer: _____ City: _____ State: _____
Position: _____ Year Started: _____ Number of years there: _____

Education	Location & State	Years Attended	Year Graduated	Area of Study or Certificates Attained
High School				
Business, Trade or Vocational School				
College or University				
College or University				

Have you been convicted of a felony or other serious offense? Yes No If yes, year: _____
What was the charge? _____ Are you on probation? Yes No

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Do you have any physical conditions that would prevent you from performing any work for which you are being considered? Yes No If yes, provide brief details: _____

Do you have any defects in hearing? Yes No In Vision? Yes No In Speech? Yes No

If yes to any of the above please provide brief details: _____

References:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Special Skills and Qualifications: Provide information that you believe qualifies you for this position: _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____