CITY OF GOODLAND

204 W. 11th P.O. Box 59 Goodland, KS 67735

Phone 785-890-4508 hr@cityofgoodland.org

Application For Employment



We consider applicants for all jobs without regard to race, color, religion, sex, national origin, age, the presence of a non-job-related medical condition or disability, or any other legally protected status. We will not refuse to hire a disabled applicant who is qualified to perform the essential functions of the job with reasonable accommodation. Residency requirement information is available from the City Manager's Office. The City of Goodland may conduct pre-employment drug testing.

The City of	f Goodland is a Drug Fro	ee/Equal Opp	<u>ortunit</u>	y Emp	<u>loyer</u>	
Job Applied For		Date of Application				
Last Name	First Name				Midd	le Initial
East Paine	THSCIVANIO				Wirda	io ilitiai
Mailing Address		City		State		Zip Code
Telephone Numbers (Home)	(Cell)	Social Securi	ty Number			
E-Mail Address						
Driver's License Number	State		Regular		CDL	
You must fully complete t personal qualification info			lude a	resume	e or othe	r related
personal qualification into	ination relevant to the jo					
Have you ever been employed wi	th us before?			Yes	□ No	
If yes, give date	What Department?					
Are you age 18 or over?				Yes	□ No	
May we contact your present emp	oloyer?			Yes	□ No	
Are you legally eligible to work in Proof of citizenship or immigration		n hire.		Yes	□ No	
On what date would you be avail-	able for work?					
List any relatives presently emplo	oyed by the City of Goodland,	and state how yo	ou are re	ated		
Are you willing to work over	ertime if required?			Yo	ac	No
Are you willing to work dif			Y	_	No	
Were you in the U.S. Armed		Y	_	No		
Have you been convicted of			_		_	
military courts within the la (A conviction will not necessarily be a bar offense and rehabilitation will be consider	to employment. Factors such as date, natur	re and number of offens	es, age at the	Yo e time of	es \square	No
If yes, please explain						

Employment Experience

Start with your present or last job including any military service assignments and complete the below information fully. Give dates and reasons, excluding disabilities, for time not accounted for in your employment history as listed. If you need additional space, please continue on a separate sheet of paper.

Employee		Dates Employed		Your Job Title and Major Duties
Employer		Linpi		Tour Job Title and Wajor Duties
Address		Hourly Rate	e/Salary	
City	State			
Telephone Number	Your Supervisor	Starting	Final	
Reason For Leaving		1		
		Dat	es	
Employer		Empk	oyed	Your Job Title and Major Duties
Address				
City	State	Hourly Rate/Salary		
Telephone Number	Your Supervisor	Starting	Final	
Reason For Leaving		1		
		Dat		
Employer		Empk	oyed	Your Job Title and Major Duties
Address				
City	State	Hourly Rate	e/Salary	
Telephone Number	Your Supervisor	Starting	Final	
Reason For Leaving	·	-		
		Dates		
Employer		Employed		Your Job Title and Major Duties
Address				
City	State	Hourly Rate	e/Salary	
Telephone Number	Your Supervisor	Starting	Final	
Reason For Leaving		1		
Special Skills and Qualification Summarize special job-related skil	s: Current Certifications ls and qualifications acquir	: CPR, Fir ed from em	st Aid, E	ETC , military or other experience.

Education

	High School or GED			Undergraduate College/University				Graduate/Professional				
School Name and Location							•					
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												
List any professional, trac You may exclude memberships we affiliation, or other protected state	hich wou								r politica	!		
References												
List three references v		e neith (city, sta		ated to	you no	or a form		oloyer. ephone Nui	mber		Years Kno	wn
Applicant's Statem	ent											
			PL	EASE R	EAD BI	FORE S	IGNING					
I certify that all staten that I have withheld nothing, w									e best c	f my kno	wledge a	nd
I further understand a of payment of wages or salary employment with this organiza employees.	, be ter	minated	d for an	y reason	and at a	any time v	without p	revious n	otice. Ir	n the ever	nt of my	
l hereby acknowledge	e that I	have re	ad and	understa	and the	above sta	atements.					
Signature								Date	;			
			PL	EASE R	EAD BI	EFORE S	GNING					
I authorize this docunty and all information deemed to but not be limited to, character and driving record. This authoreducational records including to be held liable in any respect if statements, omissions or answabove statements.	be nec r, ability orizes m the reas a job o	essary , educa y previ sons for ffer is n	to compational books emerger terminot externation	plete the ackground ployers a ations. I aded, is v	investigand, generated in the second in the	ation on i eral reput pols to given hat this o n, or my	my applic ation, crir e any inf rganizatio employm	ation. TI minal cor ormation on and m ent is tei	his infor nviction regard ny previo rminate	mation m record, ci ing emplo ous emplo d becaus	nay conce ivil litigation oyment of oyers sha e of false	ern on r Ill not
Signature							_	Date	<u> </u>			