

EMPLOYMENT APPLICATION

City of Lincoln Center
153 West Lincoln Ave.
P.O. Box 126
Lincoln, Kansas 67455

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

APPLICANT INFORMATION											
Last Name			First			M.I.		Date			
Street Address						Apartment/Unit #					
City				State		ZIP					
Phone				E-mail Address							
Best time to contact you at home is:			_____:_____		AM or PM		If you are under 18 years of age, can you provide required proof of your eligibility to work?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date Available			Social Security No. (Voluntary)			Desired Salary					
Position Applied for											
How Did You Learn About Us?		Advertisement <input type="checkbox"/>		Relative <input type="checkbox"/>		Inquiry <input type="checkbox"/>		Friend <input type="checkbox"/>		Other _____	
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever filed an application with us before?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?				
Have you ever worked for us before?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?				
Have you been convicted of a felony within the last five years? <small>CRIMINAL BACKGROUND DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT AND WILL BE CONSIDERED ONLY AS IT RELATED TO THE JOB</small>				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain			
Do any of your friends or relatives, other than spouse work here?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, who?				
Are you currently employed?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		May we contact your present employer?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Name and number of your current employer. _____											
Are you available to work:		Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>		Temporary <input type="checkbox"/>		Please indicate dates available. ____/____/____ - ____/____/____			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>								YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Are you currently on "lay-off" status and subject to recall?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Do you have a valid Driver's License		YES <input type="checkbox"/> NO <input type="checkbox"/>	
EDUCATION											
High School			Name & Address								
Number of Years Completed			Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
College			Name & Address								
Number of Years Completed			Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
Other			Name & Address								
Number of Years Completed			Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
DESCRIBE ANY SPECIAL TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES.											

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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**Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.**

Company		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 <input type="checkbox"/> NO <input type="checkbox"/>			
Company		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 <input type="checkbox"/> NO <input type="checkbox"/>			
Company		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 <input type="checkbox"/>	NO <input type="checkbox"/>

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

Production/Mobile Machinery (List)	Other (List)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

_____ YES _____ NO

APPLICANTS STATEMENT

I certify that answers given herein are true and complete. I authorize investigation, by means of a background screen, 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information 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.

Printed Name of Applicant

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Interviewer	_____	Date of Interview	___/___/___
Remarks: _____ _____ _____						
Position(s) Applied For Is Open	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Position(s) Considered For:	_____		___/___/___ Date
Employed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Employment	___/___/___	Job Title	_____
Hourly Rate/Salary <i>Circle one</i>	\$ _____	Department	_____	By:	_____ <i>Name and Title</i>	___/___/___ Date