

# EMPLOYMENT APPLICATION

## CITY OF BONNER SPRINGS

### 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.

Employees of this organization are selected in order to accomplish the legal and operational duties established by Kansas state statute and the City of Bonner Springs. Each employee is expected to conduct themselves in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

**PLEASE TYPE OR PRINT IN INK**

|  |   |  |   |
|--|---|--|---|
| <b>NAME</b><br><small>(As it appears on Social Security Card / Work Permit Card)</small>   | <input style="width: 100%;" type="text"/><br>Last   | <input style="width: 100%;" type="text"/><br>First   | <input style="width: 100%;" type="text"/><br>Middle |
| <b>SOCIAL SECURITY NUMBER</b>  | <input style="width: 100%;" type="text"/>   |  |   |
| <b>ADDRESS</b>   | <input style="width: 100%;" type="text"/>   |  |   |
| <b>CITY, STATE, ZIP</b>  | <input style="width: 100%;" type="text"/>   |  |   |
| <b>HOME TELEPHONE</b>  | <input style="width: 100%;" type="text"/>   |  |   |
| <b>DAYTIME TELEPHONE</b>   | <input style="width: 100%;" type="text"/>   | <b>ARE YOU AT LEAST 18 YEARS OLD?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| <b>OTHER NAMES YOU HAVE USED:</b>  | <input style="width: 100%;" type="text"/>   | <b>EMAIL:</b> <input style="width: 100%;" type="text"/>  |   |
| <b>POSITION APPLIED FOR:</b>   | <input style="width: 100%;" type="text"/>   | <b>SALARY REQUIREMENTS:</b>  | \$ <input style="width: 100%;" type="text"/>        |
| <b>REFERRED FOR THIS POSITION BY:</b>  | <input style="width: 100%;" type="text"/>   | <b>DATE AVAILABLE:</b>   | <input style="width: 100%;" type="text"/>           |
| <b>HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN? <input style="width: 100%;" type="text"/> <b>DEPARTMENT:</b> <input style="width: 100%;" type="text"/>   |   |  |   |
| <b>SUPERVISOR:</b> <input style="width: 100%;" type="text"/>   |   | <b>REASON FOR LEAVING:</b> <input style="width: 100%;" type="text"/>   |   |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT<br><br><input type="checkbox"/> NO <input type="checkbox"/> YES    If Yes, Give location, date, charge and disposition of case(s) on a separate page | IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:<br><br>I HAVE A VALID DRIVER'S LICENSE<br><input type="checkbox"/> YES <input type="checkbox"/> NO | CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |   |

## U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

|  |  |  |
|--|--|--|
|  | <input style="width: 100%; height: 20px;" type="text"/>      |  |
|  | Branch of Service  |  |
| From: <input style="width: 100px; height: 20px;" type="text"/> | To: <input style="width: 100px; height: 20px;" type="text"/> | <input style="width: 250px; height: 20px;" type="text"/> |
|  | Dates Served   | Type of Discharge  |

## EDUCATION

| EDUCATIONAL LEVEL        | NAME   | CITY | STATE | UNITS COMPLETED  | DEGREE   | MAJOR  |
|--------------------------|--|------|-------|--|--|--|
| HIGH SCHOOL              | <input style="width: 90%; height: 20px;" type="text"/> |      |       | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> |
| COMMUNITY or JR COLLEGE  | <input style="width: 90%; height: 20px;" type="text"/> |      |       | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> |
|                          | <input style="width: 90%; height: 20px;" type="text"/> |      |       | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> |
| BUSINESS or TRADE SCHOOL | <input style="width: 90%; height: 20px;" type="text"/> |      |       | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> |
| UNIVERSITY               | <input style="width: 90%; height: 20px;" type="text"/> |      |       | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> |
| Graduate School          | <input style="width: 90%; height: 20px;" type="text"/> |      |       | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> |

## COMPUTER SOFTWARE SKILLS

| COMPUTER SOFTWARE | Name of Software                                       | Your Proficiency With The Software  |
|-------------------|--|---|
| Word Processing   | <input style="width: 90%; height: 20px;" type="text"/> | <input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar |
| Spreadsheet       | <input style="width: 90%; height: 20px;" type="text"/> | <input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar |
| Database          | <input style="width: 90%; height: 20px;" type="text"/> | <input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar |
| Other             | <input style="width: 90%; height: 20px;" type="text"/> | <input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar |

## LICENSES / CERTIFICATIONS / ORGANIZATIONS

| PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related) | TYPES OF LICENSES and CERTIFICATIONS                   | DATE ISSUED  | REGISTRATION NUMBER                                    | STATE  | EXPIRES MO / YR  |
|--|--|--|--|--|--|
|  | <input style="width: 90%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> |
|  | <input style="width: 90%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> |

| PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related)   | NAME   | DATE   | NAME   | DATE   |
|--|--|--|--|--|
| Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age disability or veteran status | <input style="width: 90%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 90%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> |
|  | <input style="width: 90%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 90%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> |
|  | <input style="width: 90%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 90%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> |

## JOB RELATED TRAINING

| NAME OF COURSE   | YEAR COMPLETED   | NAME OF COURSE   | YEAR COMPLETED   |
|--|--|--|--|
| <input style="width: 90%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 90%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> |
| <input style="width: 90%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> | <input style="width: 90%; height: 20px;" type="text"/> | <input style="width: 40%; height: 20px;" type="text"/> |

## EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.  
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr)  TO (Mo/Yr)  TOTAL  YRS  MOS. YOUR POSITION   
EMPLOYER:  YOUR SUPERVISOR   
ADDRESS:  PHONE   
TYPE OF BUSINESS  REASON FOR LEAVING   
BASE SALARY  /   MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES   
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES

FROM (Mo/Yr)  TO (Mo/Yr)  TOTAL  YRS  MOS. YOUR POSITION   
EMPLOYER:  YOUR SUPERVISOR   
ADDRESS:  PHONE   
TYPE OF BUSINESS  REASON FOR LEAVING   
BASE SALARY  /   MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES   
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TYPE OF BUSINESS  REASON FOR LEAVING   
BASE SALARY  /   MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES   
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES

FROM (Mo/Yr)  TO (Mo/Yr)  TOTAL  YRS  MOS. YOUR POSITION   
EMPLOYER:  YOUR SUPERVISOR   
ADDRESS:  PHONE   
TYPE OF BUSINESS  REASON FOR LEAVING   
BASE SALARY  /   MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES   
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES

FROM (Mo/Yr)  TO (Mo/Yr)  TOTAL  YRS  MOS. YOUR POSITION   
EMPLOYER:  YOUR SUPERVISOR   
ADDRESS:  PHONE   
TYPE OF BUSINESS  REASON FOR LEAVING   
BASE SALARY  /   MONTHLY  WEEKLY  HOURLY OTHER COMPENSATION, BONUSES   
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES

## EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

(ATTACH ADDITIONAL PAGE IF NECESSARY)



# City of Bonner Springs, Kansas Authority to Release Information

This authorization allows the City of Bonner Springs and/or its designated representatives to fully investigate any information pertaining to my **criminal conviction records and drivers license history**. The release of this information is for the official use of the Bonner Springs City Clerk's Office. This document also authorizes all individuals, partnerships, corporations, or other entities to release to the City of Bonner Springs and/ or its designated representatives, and all information, records or documents deemed by the City or its representatives to be necessary to complete its investigation. This authorization shall release the custodian of any records sought to be released pursuant to this document from any liability for damages of whatever kind, which may at any time be incurred by me, my family, heirs, associates or assigns because of compliance with this authorization.

Should there be any question as to the validity or intent of this authorization, you may contact me at the following address and telephone numbers:

Last Name

First Name

Middle Initial

M  F   
Sex

Position Applied For:

Driver's License Number

State

Current Address: Street, City, State, Zip Code

Home Phone

Work Phone

Social Security Number

Date of Birth

Maiden Name

Ethnicity:  Caucasian  
 African American  
 Latino or Hispanic  
 Native American  
 Asian  
 Other

By signing this form, I agree to the release of information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CITY OF *Bonner Springs*

K A N S A S

## Voluntary Equal Employment Opportunity Questionnaire

This page is **NOT** part of the City's employment application. It will **NOT** accompany your application or be used as a basis for offering or not offering a position. The answers to this questionnaire will **ONLY** be used for statistical purposes to determine the effectiveness of our EEO policies. We very much appreciate you taking the time to fill out this form.

1. Name of the job for which you are applying:
  
2. Your gender is:  Male  Female
  
3. You would describe yourself as:  
 Black  White  Hispanic  Asian/ Pacific Islander  Amer. Indian/ Alaskan Native
  
4. Your birth date is:    
Month Year
  
5. Would you describe yourself as having a disability?  No  Yes  
If Yes, please mark all that apply:  
 Mobility  Sight  Hearing  Other : \_\_\_\_\_

*Thank you for taking time to help us in our Equal Employment Opportunity efforts!*