

# 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>  | <small>Last <span style="margin-left: 150px;"><small>First</small></span> <span style="margin-left: 150px;"><small>M.I.</small></span> </small>   |  |        |
| SOCIAL SECURITY NUMBER  |   |  |        |
| ADDRESS   |   |  |        |
| CITY, STATE, ZIP  |   |  |        |
| HOME TELEPHONE  |   |  |        |
| DAYTIME TELEPHONE   |   | ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO  |        |
| OTHER NAMES YOU HAVE USED:  |   |  | EMAIL: |
| POSITION APPLIED FOR:   |   | SALARY REQUIREMENTS:   | \$     |
| REFERRED FOR THIS POSITION BY:  |   | DATE AVAILABLE:  |        |
| HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> NO <input type="checkbox"/> YES    WHEN?    DEPARTMENT:  |   |  |        |
| SUPERVISOR:   |   | REASON FOR LEAVING:  |        |
| 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<br>D.L.#    STATE | 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:

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Dates Served Branch of Service Type of Discharge

### EDUCATION

| EDUCATIONAL LEVEL        | NAME | CITY | STATE | CIRCLE YRS. COMPLETED | UNITS COMPLETED | DEGREE | MAJOR |
|--------------------------|------|------|-------|-----------------------|-----------------|--------|-------|
| HIGH SCHOOL              |      |      |       | 9 10 11 12            |                 |        |       |
| COMMUNITY or JR COLLEGE  |      |      |       | 1 2                   |                 |        |       |
|                          |      |      |       | 1 2                   |                 |        |       |
| BUSINESS or TRADE SCHOOL |      |      |       | 1 2                   |                 |        |       |
| COLLEGE or UNIVERSITY    |      |      |       | 1 2 3 4               |                 |        |       |
|                          |      |      |       | 1 2 3 4               |                 |        |       |
|                          |      |      |       | 1 2 3 4               |                 |        |       |
| GRADUATE SCHOOL          |      |      |       |                       |                 |        |       |
|                          |      |      |       |                       |                 |        |       |

### COMPUTER SOFTWARE SKILLS

| COMPUTER SOFTWARE | Name of Software | Your Proficiency With The Software  |
|-------------------|------------------|---|
| Word Processing   |                  | <input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar |
| Spreadsheet       |                  | <input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar |
| Database          |                  | <input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar |
| Other             |                  | <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 |
|--|--------------------------------------|-------------|---------------------|-------|-----------------|
|  |                                      |             |                     |       |                 |
|  |                                      |             |                     |       |                 |
|  |                                      |             |                     |       |                 |

  

| 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

### JOB RELATED TRAINING

| NAME OF COURSE | YEAR COMPLETED | NAME OF COURSE | YEAR COMPLETED |
|----------------|----------------|----------------|----------------|
|                |                |                |                |
|                |                |                |                |

## 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 \_\_\_\_\_  
START FINAL  
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 \_\_\_\_\_  
START FINAL  
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 \_\_\_\_\_  
START FINAL  
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 \_\_\_\_\_  
START FINAL  
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 \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

(ATTACH ADDITIONAL PAGE IF NECESSARY)

## 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:

|                                |                                  |                         |                     |
|--------------------------------|----------------------------------|-------------------------|---------------------|
| _____<br>Last Name             | _____<br>First Name              | _____<br>Middle Initial | _____<br>M F<br>Sex |
| _____<br>Position Applied For: | _____<br>Driver's License Number | _____<br>State          |                     |

\_\_\_\_\_  
Current Address: Street, City, State, Zip Code

|                        |                      |   |
|------------------------|----------------------|---|
| _____<br>Home Phone    | _____<br>Work Phone  | _____<br>Social Security Number   |
| _____<br>Date of Birth | _____<br>Maiden Name | Ethnicity: Caucasian<br>African American<br>Latino or Hispanic<br>Native American<br>Asian<br>Other |

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

