

# Employment Application

**\*Must live within Quinter City Limits.**

## City of Quinter

202 Gove St.  
PO Box 555  
Quinter, KS 67752  
785-754-3821

Position applying for: \_\_\_\_\_

### EMPLOYEE INFORMATION

**Full Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip code:** \_\_\_\_\_

**If necessary for the job, I am able to:**

- To perform the essential functions of the position with or without accommodations? Yes No
- Work overtime? Yes No

Provide a valid Kansas Driver's License? Yes No  
If so, fill out the following: Issuing state: \_\_\_\_\_

**Endorsement(s): ( Please Circle All that apply)**

Hazardous Material / Passengers / Tankers  
Tank with Haz. Materials / School Bus /  
Double/Triple trailers

I am legally eligible for employment in the U.S.? Yes No

I am seeking a permanent position: Yes No

Work the following shifts: (Circle all that apply)  
Any Day Night Swing Rotating  
Split Graveyard Other:

Travel if needed? Yes No

Have you been employed by us before? Yes No  
If Yes, When? \_\_\_\_\_

**I will be able to report to work**

**\_\_\_ days after being notified I am hired.**

### EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address: _____ _____	Position title/duties, skills: _____ _____	Start date: _____	End date: _____
Pay: \$ Per: _____	Supervisor: _____	Reason for leaving: _____	
	Telephone: _____	Re-hirable: Y N	
	<b>Can we contact? Y N</b>		
Employer name and address: _____ _____	Position title/duties, skills: _____ _____	Start date: _____	End date: _____
Pay: \$ Per: _____	Supervisor: _____	Reason for leaving: _____	
	Telephone: _____	Re-hirable: Y N	
	<b>Can we contact? Y N</b>		
Employer name and address: _____ _____	Position title/duties, skills: _____ _____	Start date: _____	End date: _____
Pay: \$ Per: _____	Supervisor: _____	Reason for leaving: _____	
	Telephone: _____		

	<b>Can we contact? Y N</b>	Re-hirable: Y N	
Employer name and address:	Position title/duties, skills:	Start date:	End date:
		Reason for leaving:	
Pay: \$			
Per:	Supervisor:	Telephone:	Re-hirable: Y N
		<b>Can we contact? Y N</b>	

**Summarize other employment related to this job:**

### EDUCATION

	Institution name	Years completed	Field of study	Graduate or degree
High school				
College/university				
Business/technical				
Additional				

### MILITARY

Are you a veteran or Current Military?  Yes  No

Duty/specialized training: \_\_\_\_\_

### SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

**POLICE ONLY:** KLETC Certification: Yes No If Yes date received: \_\_\_\_\_

**Water/sewer Certification:** Yes No If yes, date received: \_\_\_\_\_

### REFERENCES

List two personal references who are not relatives or Former Supervisors

Name	Address	Telephone	Occupation	Years known

**CONTACT**

In case of accident or illness, please contact: Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**INFORMATION TO THE APPLICANT**

**\*\*\*IMPORTANT: For all jobs you must live within the city limits of Quinter. If you have questions regarding this, please make sure to ask before or during the interview.**

I certify the answers given herein are true and complete.

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.

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 Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such changes are specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I also understand, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.

FOR PERSONNEL DEPARTMENT ONLY			
Arrange Interview	Yes	No	
Remarks	_____		
Employed	Yes	No	Date of Employment _____
Job Title	_____ HourlyRate/Salary _____		
Department:	_____		
_____		Mayor Signature	Date

INFORMED CONSENT, RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF  
PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA, WAIVER AND AUTHORIZATION  
TO RELEASE INFORMATION

Applicant Name \_\_\_\_\_ (print)

SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_

DL# \_\_\_\_\_ DL State \_\_\_\_\_

By my signature below, I hereby authorize the City of Quinter to conduct a background check as part of its consideration for appointing me to the position of \_\_\_\_\_. I am informed that the background checks may include: 1) credit history; 2) criminal records, 3) motor vehicle records; 4) employment reference and 5) drug screening check.

It is my understanding that the results of these checks will be held in confidence and that any personal information, including my social security number and date of birth, will be destroyed if I am not appointed to the position.

PRIVACY ACT NOTICE: (a) Purpose and Uses: Copies of this completed form will be furnished to individuals or entities in order to obtain information regarding your background to determine your suitability with the City of Quinter. (b) Effect of Nondisclosures: Furnishing the requested information, thereby authorizing the collection of background information, is voluntary, but failure to provide all or part of the information will result in a lack of further consideration for the position.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understating that information furnished will be used by the City of Quinter, and retained by them in confidence unless I authorize its release.

With my signature, I certify that I am a job applicant for a position with the City of Quinter. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualification to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department. I understand that the City of Quinter will be seeking records from my past employers and any other persons or entity that might have information relating to my application. As used in this release, "You" or "Your" refers to any past employer or any other persons or entity that the City of Quinter presents this release to.

I hereby authorize any representative of the City of Quinter bearing this release to obtain any information in your files pertinent to my employment records, military service, education, criminal history, driving or traffic records, I hereby direct you to release such information upon request of the bearer of this release form. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly

Authorized agent of the City of Quinter, whether said records are of public, private, or confidential nature. The intent of this authorization to give my consent for full and complete disclosure. It is my specific intent to provide access to the personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my criminal history records, including any arrest records, any information contained in investigatory files, employment evaluations and ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance record, polygraphs examination, and any internal affairs investigation and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from any liability or damages that may result from the information requested, including any liability or damage pursuant to any state laws. I hereby release you, including your officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Quinter regardless of any agreement I may have or made with you previously to the contrary.

I agree to hold the City of Quinter, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Quinter. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Quinter in conjunction with employment application procedures.

I understand and agree that a photocopy reproduction of this form shall be for all intents and purposes as valid as the original.

I have had adequate time to read and review this form and understand its meaning and purpose.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

Applicant Initials

\_\_\_\_\_

**CITY OF QUINTER KANSAS**  
**Prior DOT Drug and Alcohol Employment**

**1.** Have you been employed by any company or system with operations subject to Department Of Transportation drug and alcohol testing in compliance with Title 49CFR Parts 199 and 40 or any other operations that would be subject to 49CFR Parts 192, 193 and 195. Examples would include but not be limited to the following: Natural gas pipeline operation or maintenance or job required CDL holders.

Yes \_\_\_\_\_ No \_\_\_\_\_

**2.** If you answered yes to number 1, has that employment been within the last 2 years.

Yes \_\_\_\_\_ No \_\_\_\_\_

**3.** If you answered yes to number 2, please fill out the attached Consent for Release of Confidential Information forms.