

**CITY OF INDEPENDENCE, KANSAS  
EMPLOYMENT APPLICATION  
(EQUAL OPPORTUNITY EMPLOYER)**

TO APPLICANT: We appreciate your interest in our organization and assure you that we are interested in your qualifications. A clear understanding of your background and work experience will aide us in placing you in the position that best meets your qualifications and may assist us in possible up-grading. It is to your advantage to give complete and detailed answers.

(TYPE OR PRINT ALL INFORMATION)

DATE: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

SOC. SEC. NO.: \_\_\_\_\_ TELEPHONE NO.: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DRIVERS LICENSE NO. \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

Type of position you are applying for: \_\_\_\_\_

Department you are applying for: \_\_\_\_\_

Type of position:  Full time  Part time  Summer  Temporary

If part time, state days and hours you can work: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

**EDUCATION**

SCHOOL	NAME & LOCATION OF SCHOOL ATTENDED	GRADUATED/DEGREE
High School		
College		
Other		

If you did not complete high school and the job description requires it, do you have a GED?  Yes  No

If yes, give date received: \_\_\_\_\_ and place received: \_\_\_\_\_

List or describe any skills or school course(s) that you have that relate to the position for which you are applying: \_\_\_\_\_

Have you ever been employed by the City of Independence?  Yes  No  
If yes, what department: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever worked under a different name?  Yes  No  
If yes, name used: \_\_\_\_\_

Do you have any relatives working for the City of Independence?  Yes  No  
If yes, in which department? \_\_\_\_\_ Relationship: \_\_\_\_\_

### EMPLOYMENT

List below all present and past employment, beginning with your most recent.

1. Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

4. Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Would you object to having any of the above employers contacted in regard to your work experience?  Yes  No If yes, explain: \_\_\_\_\_

Are you presently employed?  Yes  No If yes, why do you wish to leave?

Have you ever been a members of the Kansas Public Employees Retirement System, Firemen's System or the Kansas School Retirement System?  Yes  No  
If yes, give name of retirement system and a full explanation including dates of employment under other system: \_\_\_\_\_

Are you currently a member of a military reserve organization?  Yes  No  
If yes, explain: \_\_\_\_\_

**REFERENCES**

Give name, address, and phone number of three persons who have known you at least one year.

1. Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT THE CITY OF INDEPENDENCE, KS MAY RESEARCH ALL STATEMENTS AND CLAIMS MADE ON THIS APPLICATION AND MAKE REFERENCE CHECKS. IF RESEARCH SHOWS THAT FALSE INFORMATION WAS WILLFULLY GIVEN BY ME, IT SHALL BE CONSIDERED SUFFICIENT CAUSE FOR REJECTION OR DISMISSAL.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**USE ONLY**

INTERVIEWED:  Yes  No  Failed to show      DATE: \_\_\_\_\_

HIRED:  Yes  No      DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_      DEPARTMENT HEAD: \_\_\_\_\_

Job Service I.D. No.: \_\_\_\_\_      City I.D. No.: \_\_\_\_\_

Computer entry by: \_\_\_\_\_      Date entered: \_\_\_\_\_