

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire
An Equal Opportunity Employer

CITY OF MORAN

339 N. Cedar/PO Box 188
Moran, KS 66755-0188
Phone (620) 237-4271
Fax (620) 237-4291

Date _____

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PERSONAL INFORMATION

Name _____ Social Security Number _____

Last First Middle

Present Address _____
Street City State Zip Code

Permanent Address _____
Street City State Zip Code

Are you 18 Years or Older? Yes No Phone No. _____

In Case of Emergency Notify _____ Phone No. _____

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status? Yes No
Name

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EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are You employed now? _____ May we contact present employer? _____

Ever applied to this company before? _____ Where? _____ When? _____

Ever worked for this company before? _____ Where? _____ When? _____

Reason for leaving _____

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Name of last supervisor at this company _____

Who referred you to this company? Employment Agency Newspaper Advertisement Other
 State Employment Office College Placement Service Walk In Friend

EDUCATION

School Level	Name and Location	Years Attended	Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade Business or Correspondence School				

GENERAL

Subjects of Special Study or Research Work _____

Special Training _____

Special Skills _____

**This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991. All information given on this form will be treated in a confidential manner. Please complete all information on pages 1 and 2 and the special questions checked on page 3 and sign and date the application on page 3.

FORMER EMPLOYERS

(Listing the most recent first, complete your employment record for at least the past ten (10) years)

Name and Address

of Present or Last Employer

Starting

Date

*Month**Year*

Leaving

Date

*Month**Year*

Weekly

Starting Salary

Job Title

May we contact your supervisor?

Name and Title

of Supervisor

Supervisor's phone no.

Description of Work

Reason for Leaving

Name and Address

of Present or Last Employer

Starting

Date

*Month**Year*

Leaving

Date

*Month**Year*

Weekly

Starting Salary

Job Title

May we contact your supervisor?

Name and Title

of Supervisor

Supervisor's phone no.

Description of Work

Reason for Leaving

Name and Address

of Present or Last Employer

Starting

Date

*Month**Year*

Leaving

Date

*Month**Year*

Weekly

Starting Salary

Job Title

May we contact your supervisor?

Name and Title

of Supervisor

Supervisor's phone no.

Description of Work

Reason for Leaving

REFERENCES:

Give the Names of Three Persons Not Related to You, Whom You Have Known at Least One Year

Name	Address	Business	Years Known
1.			
2.			
3.			

SERVICE RECORD

Branch of

Service

Discharge Date

Rank

Present Membership in

National Guard or Reserves

Date

Obligation Ends

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THESE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PROCEEDING A QUESTION. THEREBY INDICATING THAT THE INFORMATION REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Height _____ feet _____ inches Are you a U.S. Citizen Yes No

Are you able to perform each of the following job functions with or without accommodation?

Job Function 1. Yes No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

Job Function 2. Yes No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

Were you ever seriously injured? Yes No Give details

What foreign languages do you speak fluently? Read Write

Have you been convicted of a felony or misdemeanor within the last 5 years? Yes No

Describe:

I understand and agree that I may be required to take one or more physical examination: lie detector test(s): drug test(s) as condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees for any claim arising in connection with the use of such test(s) Yes No

I have been advised that lie detector tests, as a condition of hiring or continued employment are prohibited by law. Yes No

*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied

City of Moran does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or in the provision of programs and services.

AUTHORIZATION

" I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING"

DATE

SIGNATURE

Interviewed

Date

Neatness

Character

Personality

Ability

Interviewed

Date

Neatness

Character

Personality

Ability

Interviewed

Date

Neatness

Character

Personality

Ability

Hired

For Dept.

Position

Salary

Wages

Will Report

Approved: 1

Employment Manager

Date

Approved: 2

Department Manager

Date

Approved: 3

General Manager

Date

This form has been designed to strictly comply with State and federal fair employment practice laws prohibiting employment discrimination.