

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 _____

PERSONAL INFORMATION

Name			Date of Birth:	
			Social Security Number:	
Present Address				
Permanent Address				
Are you 18 Years or Older?			Phone No.	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
In Case of Emergency Notify			Phone No.	
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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		
Name of last supervisor at this company		

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
Present Membership in National Guard or Reserves	Rank
	Date
	Obligation Ends

SPECIAL QUESTIONS	
Have you ever been convicted of a Felony, ____ Yes ____ No If yes please elaborate:	
<input type="checkbox"/> 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)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have been advised that lie detector tests, as a condition of hiring or continued employment are prohibited by law.	
	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Morant 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
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