

**City of Garnett
Garnett, Kansas**

APPLICATION FOR EMPLOYMENT

DATE: _____

This application will be considered active for a period of six (6) months. You may renew this application by filing a new form. The following information is requested in order to help us make the best possible placement within the City. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form. Any applicant who provides unrequested information will be automatically rejected. The City is an equal opportunity employer and in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, physical or mental handicap or veteran's status.

The City of Garnett has a residency requirement for all full time employees. The requirement varies depending on the position being applied for. Please review the job description for more information on this requirement.

PLEASE PRINT

Name	(Last)	(First)	(Middle)
Address		(Street)	Telephone No.
(City)		(State)	Alternate No.

S.S. Number _____ / _____ / _____

Are you eligible to work in the United States? ☐ Yes ☐ No

How were you referred? _____

Are you related by blood or marriage, to any existing employee of the City of Garnett or to a present member of the City Commission? ☐ Yes ☐ No

If yes, state name and relationship _____

List any friends or acquaintances presently working for the City? _____

Have you ever applied for a job with the City of Garnett? ☐ Yes ☐ No

If yes, when? _____

Have you ever worked for the City of Garnett before? ☐ Yes ☐ No

If yes, when? _____

Position for which you are applying (be specific) _____

Salary Expected _____ per _____.

Are you available to work overtime? ☐ Yes ☐ No

Are you available for after hours call out duty and/or on-call assignments?
☐ Yes ☐ No

Are you at least eighteen years of age? ☐ Yes ☐ No

Have you ever been **charged** with a felony? ☐ Yes ☐ No

If yes, please explain: _____

CLERICAL AND SECRETARIAL APPLICANTS ONLY

Place 1 check for knowledge. Place 2 checks for experience.

_____ Word processor	_____ Switchboard
_____ Data process entry	_____ Personal computer
_____ Proof-reading	_____ Typing _____ wpm
_____ Calculating machine	_____ Shorthand _____ wpm
_____ Handling consumer concerns	
_____ Accounts receivable, payable or payroll	

TRADES, CRAFTS AND TECHNICAL APPLICANTS ONLY

Place 1 check for knowledge. Place 2 checks for experience.

_____ Computer inventory methods	_____ Radio communication & operation
_____ Law enforcement training	_____ Warehousing
_____ Prepare work orders	_____ Meter reading
_____ Basic electricity	_____ Collecting consumer accounts
_____ Tree trimming	_____ Handling consumer concerns
_____ Brush clearing	_____ Connecting & disconnecting meters
_____ Clearing machinery	_____ Electric line construction
_____ Street maintenance	_____ Transformer banks
_____ Electrical hand tools	_____ Regulators, capacitors, breakers, and switches
_____ Material control	_____ Perpetual inventory
_____ Automotive maintenance	_____ Painting and body work on vehicles
_____ Loader operation	_____ Hotline work, primary & secondary
_____ Electric & gas welding	_____ Underground experience (primary and/or secondary)
_____ Water line construction	_____ Plumbing experience – water & gas
_____ Gas line construction	_____ Tractor & brushhog operator
_____ Backhoe operator	_____ Sanitary sewer line construction
_____ Commercial riding lawn-mower operator	_____ Water treatment certification
_____ Road maintainer operator	_____ Swimming pool instructor certifications
_____ Potable water treatment	_____ Swimming pool maintenance
_____ Wastewater treatment certification	_____ Truck Driver (Commercial Driver's License)
_____ Gas & Water Consumption	

PROFESSIONAL AND MANAGERIAL APPLICANTS ONLY

List special training or professional achievements. Please attach your resume. _____

List all states in which you have ever possessed a driver's license?

Have you served in the U.S. Armed Forces? ☐ Yes ☐ No

If yes:

Dates of Service? _____

Training and experience received during military duty _____

Can you perform the essential functions of this job, either with or without reasonable accommodation? ☐ Yes ☐ No

If your application is considered favorably, on what date can you start work?

EDUCATION

	SCHOOL NAME	ADDRESS	NUMBER OF YEARS ATTENDED	DEGREE & MAJOR
High School				
College				
Other				

Courses now studying _____

EMPLOYMENT RECORD (Most recent employer first)

DATES	NAME & ADDRESS OF EMPLOYER	JOB TITLE AND BRIEF DISCRIPTION OF DUTIES	SALARY	REASON FOR LEAVING
From: To:	 Telephone: _____	 Supervisor: _____	From: To:	 May we contact them?
From: To:	 Telephone: _____	 Supervisor: _____	From: To:	 May we contact them?
From: To:	 Telephone: _____	 Supervisor: _____	From: To:	 May we contact them?

Attach additional sheets, if necessary.

List any other training or special skills. _____

List your membership in any professional or trade organizations that you believe will contribute to your ability to perform the job you are applying for (you may exclude those which may disclose your race, color, religion, national origin or union affiliations as it will have no bearing on job placement). _____

PERSONAL REFERENCES (Not former Employers or Relatives)

Name	Address	Phone Number

CERTIFICATION

I certify that the information contained in this application is true and complete to the best of my knowledge, and understand that falsification of this information is grounds for disqualification from further consideration or for dismissal from employment.

I acknowledge that if I am employed by the city, my employment will be at will and may be terminated with or without cause at any time by me or by the employer.

I consent to a criminal record/background check and a physical examination, which consists of a drug test and/or alcohol test, either prior to commencement of employment or after I have become employed, as deemed necessary by the city. I understand that the city is a drug free employer and employment is contingent upon no confirmed substance abuse.

Signature of applicant

Date

FOR EMPLOYER'S USE ONLY

Interviewed by _____
Date _____
Comments _____

REFERENCE CHECK

Employer	Person Contacted	Date	Results

PERSONAL REFERENCE CHECK

Person	Date	Comments

ACTION

No Action _____

Interviewed – No position offered _____

Position offered:

Date: _____

Position: _____

Accepted: _____

