



City of Hiawatha
701 Oregon
Hiawatha, KS 66434
(785) 742-7417
Fax (785) 742-2880
www.cityofhiawatha.org

TO APPLICANT: We appreciate your interest in our organization and assure that we are interested in your qualifications. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, material or veteran status, disability or handicap. (Equal Opportunity Employer)

Complete Application in Full...Please use a pen and print clearly

THIS APPLICATION IS FOR SEASONAL/TEMPORARY EMPLOYMENT

I understand that this employment is on a seasonal/temporary basis. Employment shall begin on or around _____, 20__ and end on or about _____, 20_____.

Signature of Applicant: _____ Date: _____

PERSONAL INFORMATION:

Name: _____
Last First MI

Address: _____
No. & Street City State Zip

Telephone: _____ E-Mail: _____

Are you 18 years or older? [] Yes [] No

Position Applying For: _____

EDUCATION:

School Level	School Attended	Address	Years Completed	Major	Degree/#Credits
High School			9 10 11 12		
Community or Junior College			1 2		
College/University			1 2 3 4		
Business or Trade School			1 2		
Graduate School					

If you did not complete high school, do you have a GED? _____

U.S. MILITARY SERVICE:

If you have served in the U.S. Military, please provide the following information:

Branch of Service: _____

Dates Served: From: _____ To: _____

Type of Discharge: _____

EMPLOYMENT RECORD: Complete your employment record for at least the past 10 years. Please explain any gaps between jobs on the last page in "comments". Begin with most recent employment:

Present employer: _____ Address: _____

From: _____ To: _____ Job Title: _____ Telephone: _____

May we contact your present employer for reference? Yes No Supervisor: _____

Briefly explain duties: _____

Reason for leaving: _____ Ending salary: \$ _____



Past Employer: _____ Address: _____

From: _____ To: _____ Job Title: _____ Telephone: _____

Supervisor: _____

Briefly explain duties: _____

Reason for leaving: _____ Ending salary: \$ _____



Past employer: _____ Address: _____

From: _____ To: _____ Job Title: _____ Telephone: _____

Supervisor: _____

Briefly explain duties: _____

Reason for leaving: _____ Ending salary: \$ _____

SKILL INVENTORY: Check those skills which you have acquired:

	<input type="checkbox"/> Typewriter ___wpm		
	<input type="checkbox"/> Record Keeping	<input type="checkbox"/> Cashiering	<input type="checkbox"/> General Accounting
CLERICAL:	<input type="checkbox"/> Filing	<input type="checkbox"/> Key Punch	<input type="checkbox"/> Payroll
	<input type="checkbox"/> Telephone	<input type="checkbox"/> Purchasing	<input type="checkbox"/> Credits & Collection
	<input type="checkbox"/> Calculator/Adding Machine	<input type="checkbox"/> Utility Billing	

TECHNICAL:	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Drafting	<input type="checkbox"/> Electrical Repair
	<input type="checkbox"/> Illustrating	<input type="checkbox"/> Surveying	<input type="checkbox"/> Construction Inspection
	<input type="checkbox"/> E.M.T.	<input type="checkbox"/> Photography	<input type="checkbox"/> Water/Wastewater Cert. ___ Level
MAINTENANCE:	<input type="checkbox"/> Construction	<input type="checkbox"/> Truck Driver – to 1 ½ ton	
	<input type="checkbox"/> Farm Tractor	<input type="checkbox"/> Truck Driver – over 1 ½ ton	
	<input type="checkbox"/> General Labor	<input type="checkbox"/> Grader Operations	<input type="checkbox"/> Bull Dozer
	<input type="checkbox"/> Boom Truck	<input type="checkbox"/> Trencher	<input type="checkbox"/> Chain Saw
	<input type="checkbox"/> Concrete Work	<input type="checkbox"/> Asphalt Work	<input type="checkbox"/> Vehicle Mechanic
	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Hand Tools

List any other skills you have including professional or technical licenses: _____

REFERENCES:

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY,STATE, ZIP _____	CITY,STATE, ZIP _____
DAYTIME PHONE _____	DAYTIME PHONE _____
RELATIONSHIP _____ (No Relatives)	RELATIONSHIP _____ (No Relatives)
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY,STATE, ZIP _____	CITY,STATE, ZIP _____
DAYTIME PHONE _____	DAYTIME PHONE _____
RELATIONSHIP _____ (No Relatives)	RELATIONSHIP _____ (No Relatives)

All offers of employment will be conditional and subject to the passing of a pre-employment physical, drug scree and applicant driving record must be acceptable by the city's insurance carrier.

In consideration of my employment, I agree to conform to company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without notice, at any time, at either my or the cities option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the city.

I hereby certify that the information given in this application is true and correct. I understand that the City may research all statements 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: _____



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Authority for Release of Information

Last Name: _____ First: _____ Middle: _____ Maiden: _____

DOB _____ SSN _____

Place of Birth _____ City: _____ State _____

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 of the City of Hiawatha, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give for full complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and a salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trail and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the result of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorney at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have not had interest in.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent date for the city of Hiawatha to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Hiawatha. I understand that all materials pertaining to this background investigation become property of the City of Hiawatha and will not be returned to me.

I agree to indemnify and hold harmless the person to who this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original signature.

Signature: _____

Date: _____