



City of Cawker City
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Cawker City, KS 67430
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EMPLOYMENT APPLICATION FORM

Please Clearly PRINT All Provided Information

The Age Discrimination Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date Submitted: _____

Position Applying For: _____ Date You Can Start: _____

Name: _____ Birth Date: _____ S.S. #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Do you have a Driver's License? Yes No Has it ever been revoked? Yes No
License # _____ State Issued: _____ Date Expires: _____

Are you a U.S. Citizen or an alien authorized to work in the United States? Yes No

Have you ever worked for the City of Cawker City in the past? Yes No Year(s): _____

Position: _____ Reason for Leaving: _____

- 1) Current Employer: _____ City: _____ State: _____
Position: _____ Year Started: _____ Years Worked There: _____
- 2) Previous Employer: _____ City: _____ State: _____
Position: _____ Year Started: _____ Years Worked There: _____
- 3) Previous Employer: _____ City: _____ State: _____
Position: _____ Year Started: _____ Years Worked There: _____

Education	Location & State	Years Attended	Year Graduated	Area of Study or Certificates Attained
High School				
Business, Trade School or Vo-Tech				
College or University				
College or University				

Have you ever been convicted of a felony or other serious offense? Yes No If yes, year: _____

What was the charge? _____ Are you on Probation? Yes No

Do you have any physical defects that prevent you from performing any work for which you are being considered? ___Yes ___No Have you ever been seriously injured ___Yes ___No

If YES to either of the above, provide brief details: _____

Do have any defects in your: Hearing: ___Yes ___No Vision: ___Yes ___No Speech: ___Yes ___No

References

Name	City & State	Business	Relationship	Years Known

Other information that you believe qualifies you for this position:

I authorize investigation of all statements contained in this application and I authorize past employers, all references and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I understand that misrepresentation or omission of facts called for is cause for immediate dismissal. I understand and agree that my employment is for no definite period or duration and that I may, regardless of periodic payment of wages and salary, be discharged at any time and for any reason with or without any previous notice. My signature certifies that I have completed this application without assistance.

Applicant Signature

Date

This institution is an equal opportunity employer and does not discriminate in recruiting, hiring, training, promoting or other employment practices for reasons of race, color, religion, sex, national origin, or on the basis of age. We do not discriminate against veterans or the handicapped. No question in this application is intended to secure information to be used for such discrimination.
