

CITY OF CARBONDALE

234 Main

P.O. Box 70

Carbondale, Ks 66414

(785) 836-7108

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

- Advertisement Relative Inquiry
 Employment Agency Friend Other _____

Last Name	First Name	Middle Name
Address Number Street City State Zip Code		
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is: AM
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

..... If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift) Police Dept only
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
2.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
3.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
	Address	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

1. _____ (Name) _____ () _____ Phone #
 _____ (Address)
2. _____ (Name) _____ () _____ Phone #
 _____ (Address)
3. _____ (Name) _____ () _____ Phone #
 _____ (Address)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

INTERVIEWER

DATE

Job Title _____

Hourly Rate/

Salary _____

Department _____

By _____

NAME AND TITLE

DATE



City of Carbondale
234 Main Street
P.O. Box 70
Carbondale, Kansas 66414
Phone: 785-836-7108, Fax: 785-836-7942
Email: cityhall@carbondaeks.com
Website: carbondaeks.com

INFORMED CONSENT, RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF
PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA, WAIVER AND AUTHORIZATION
TO RELEASE INFORMATION

Applicant Name _____(print)
SS# _____ D.O.B. _____
DL# _____ DL State _____

By my signature below, I hereby authorize the City of Carbondale to conduct a background check as part of its consideration for appointing me to the position of _____. I am informed that the background checks may include: 1) credit history; 2) criminal records, 3) motor vehicle records; 4) employment reference and 5) drug screening check.

It is my understanding that the results of these checks will be held in confidence and that any personal information, including my social security number and date of birth, will be destroyed if I am not appointed to the position.

PRIVACY ACT NOTICE: (a) Purpose and Uses: Copies of this completed form will be furnished to individuals or entities in order to obtain information regarding your background to determine your suitability with the City of Carbondale. (b) Effect of Nondisclosures: Furnishing the requested information, thereby authorizing the collection of background information, is voluntary, but failure to provide all or part of the information will result in a lack of further consideration for the position.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understating that information furnish will be used by the City of Carbondale , and retained by them in confidence unless I authorize its release.

With my signature, I certify that I am a job applicant for the position with the City of Carbondale. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualification to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department. I understand that the City of Carbondale will be seeking records from my past employers and any other persons or entity that might have information relating to my application. As used in this release, "You" or "Your" refers to any past employer or any other persons or entity that the City of Carbondale presents this release to.

I hereby authorize any representative of the City of Carbondale bearing this release to obtain any information in your files pertinent to my employment records, military service, education, criminal history, driving or traffic records, I hereby direct you to release such information upon request of the bearer of this release form. 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 agent of the City of Carbondale, whether said records are of public, private, or confidential nature. The intent of this authorization to give my consent for full and complete disclosure. It is my specific intent to provide access to the personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my criminal history records, including any arrest records, any information contained in investigatory files, employment evaluations and ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance record, polygraphs examination, and any internal affairs investigation and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from any liability or damages that may result from the information requested, including any liability or damage pursuant to any state laws. I hereby release you, including your officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Carbondale regardless of any agreement I may have or made with you previously to the contrary.

I agree to hold the City of Carbondale, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Carbondale. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Carbondale in conjunction with employment application procedures.

I understand and agree that a photocopy reproduction of this form shall be for all intents and purposes as valid as the original.

I have had adequate time to read and review this form and understand its meaning and purpose.

Signature of Applicant

Date

Printed Name of Applicant

CITY OF CARBONDALE KANSAS
Prior DOT Drug and Alcohol Employment

1. Have you been employed by any company or system with operations subject to Department Of Transportation drug and alcohol testing in compliance with Title 49 CFR Parts 199 and 40 or any other operations that would be subject to 49 CFR Parts 192, 193 and 195. Examples would include but not be limited to the following: Natural gas pipeline operation or maintenance or job required CDL holders.

Yes _____ No _____

2. If you answered yes to number 1, has that employment been within the last 2 years.

Yes... _____ No _____

3. If you answered yes to number 2, please fill out the attached Consent for Release of Confidential Information forms.