Employment Application

*Must live within Carbondale City Limits or in Carbondale for certain jobs.

City of Carbondale

234 Main St. PO Box 70 Carbondale, KS 66414 785-836-7108

Position	applying fo	r:

Address:	City:	State:		
Zip code:				
If necessary for the job, I ar		I am seeking a permanen	t position: Yes	No
 To perform the essential functions of he position with or without accommodations? Yes No Work overtime? Yes No 		Work the following shifts: (Circle all that apply) Any Day Night Swing Rotating Split Graveyard Other:		
Provide a valid Kansas Driver's Licer If so, fill out the following: Issui		Travel if needed? Yes No		
Endorsement(s): (Please Cir Hazardous Material / Passenge		Have you been employed by us before? Yes No If Yes, When?		
Tank with Haz. Materials / Scho Double/Triple trailers	ool Bus /	I will be able to report		
I am legally eligible for employn	nent in the U.S.? Yes No	days after being n	otified I am hi	red.
	EMPLOYM	ENT HISTORY		
	. Include summer or temporary job	os. Be sure all your experience or er		
here, in the summary following the Employer name and address:		paper if necessary. No more than 10	years history red Start date:	commended. End date:
	- Osicion cicio, dacies, signisi			
	_		Reason for	leaving:
Pay: \$	_			
Per:	Supervisor:	Telephone: Can we contact? Y N	Re-hirable:	Y N
Employer name and address:	Position title/duties, skills:		Start date:	End date:
			Reason for	leaving:
Pay: \$	_			
Per:	Supervisor:	Telephone: Can we contact? Y N	Re-hirable:	Y N
Employer name and address:	Position title/duties, skills:		Start date:	End date:
	-		Reason for	leaving:
Pay: \$				
			•	

EMPLOYEE INFORMATION

Full Name: _____ Social Security Number: ____

Telephone: ______Email: ______ Date of Birth: _____

Per:	Supervisor:		Telephone: Can we contact? Y N	Re-hirable: Y	N
Employer name and address	: Position title/d	uties, skills:		Start date:	End date:
				Reason for le	eaving:
Pay: \$					
Per:	Supervisor:		Telephone: Can we contact? Y N	Re-hirable: Y	N
Summarize other employn	nent related to t	his job:			
		EDUC	CATION		
Ir	nstitution name	Years completed	Field of study	Gradua	te or degree
High school					
College/university Business/technical					
Additional					
	_	MTI	ITARY	_	_
Are you a veteran or Current Military? Duty/specialized training:	Yes	□ No			
		SKTLLS & OL	JALIFICATIONS		
Other qualifications such as					
Types of computers, softwar	e, and equipment	you are qualific	ed to operate or repair:		
Professional licenses, certific					
	pervision skills, ot	her languages	or information regarding the car	eer/occupation y	ou wish to bring
to the employer's attention: POLICE ONLY : KLETC Ce	rtification: Yes	No. If Yes date	e received:		
Water/sewer Certification					

		REFEREN	CES		
List two personal referen Former Supervisors	ces who are not relative	ves or			
Torrier Supervisors					
Name	Address	Teleph	one	Occupation	Years known
Name	Address	Teleph	one	Occupation	Years known
		CONTAC	CT		
In case of accident or illne	ss, please contact: Na		J.	Daytime phone:	
Address:				Relationshi	p:
	INFO	ORMATION TO T	HE APPLICANT	-	
**** <u>IMPORTANT:</u> For Cer 3 miles to a 20-minute dri during the interview.					
I certify the answers given he	erein are true and comple	ete.			
employment decision. This apwishing to be considered for eatime.	employment beyond this d and acknowledge that, nature, which means tha t is further understood the jes are specifically acknow at false or misleading info	t shall be considered a time period should inc unless otherwise defir it the Employee may r nat this "at will" emplo wledged in writing by ormation given in my	active for a period of quire as to whether ned by applicable law esign at any time are byment relationship an authorized exect application or interv	f time not to exceed 4 or not applications are w, any employment rend the Employer may may not be changed lutive of this organization.	5 days. Any applicant e being accepted at that elationship with this discharge Employee at aroy any written document ion. In the event of
Signature of Applicant				Date	
Equal Employment Opportuprovide equal employment oppfailure to provide it will have no	ortunity and may ask your of effect on your application	national origin, race and for employment.	sex for planning and r		
Awarana lata		OR PERSONNEL DEP	ARTIVIENT UNLY		
Arrange Inter	rview Yes	No			
Employed	Yes	No Date	e of Employment		
Job Title		HourlyRate/Salar	v		

Mayor Signature

Date

FOR PERSONNEL DEPARTMENT ONLY				
Arrange Interview	Yes	No		
Remarks				
Employed	Yes	No	Date of Employment	
Job Title		_ HourlyRate,	^r Salary	-
Department:				
			Mayor Signature	Date

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	
consideration for appointing	g me to the position of	oondale to conduct a background check as part of its I am informed that the background or vehicle records; 4) employment reference and 5)
	_	I be held in confidence and that any personal h, will be destroyed if I am not appointed to the
entities in order to obtain in Carbondale. (b) Effect of N	nformation regarding your background londisclosures: Furnishing the request voluntary, but failure to provide all or	s completed form will be furnished to individuals or d to determine your suitability with the City of ted information, thereby authorizing the collection of part of the information will result in a lack of further
	stating that information furnished will	Section 552A, the Privacy Act of 1974, and waive be used by the City of Carbondale, and retained by
to thoroughly investigate m position for which I applied employment history be disc records from my past employed	y employment background and perso. It is in the public's interest that all reclosed to the above department. I uncoyers and any other persons or entity release, "You" or "Your" refers to any	position with the City of Carbondale. The City needs nal history to evaluate my qualification to hold the elevant information concerning my personal and derstand that the City of Carbondale will be seeking that might have information relating to my past employer or any other persons or entity that
in your files pertinent to my records, I hereby direct you	to release such information upon req	ndale bearing this release to obtain any information e, education, criminal history, driving or traffic uest of the bearer of this release form. I do hereby thereof, concerning myself, by and to any duly
Page 1 of 2		
		Applicant Initials

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 preciously 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 employee 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 re	ad and review this for	m and understand its i	meaning and purpose.	
Signature of Applicant	Date			
Printed Name of Applicant			Applicant Initials	

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

	xamples w	nce with Title 49CFR Parts 199 and 40 or any other operations that would be subject to 49CFR Parts ould include but not be limited to the following: Natural gas pipeline operation or maintenance or
Yes	No	
2. If you answered Yes	yes to num No	nber 1, has that employment been within the last 2 years.

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