

# CITY OF LYONS

## Employment Application



### APPLICANT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date Available \_\_\_\_\_ Social Security No. \_\_\_\_\_ Desired Salary \_\_\_\_\_

Position Applied for \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If so, when? \_\_\_\_\_

Do you have a valid Kansas driver's license? YES  NO  driver's license number: \_\_\_\_\_ Do you have a valid CDL? YES  NO

Have you ever been convicted of a felony? YES  NO  Are you 18 years of age or older? YES  NO

Please check schedule availability:

- ( ) I desire to work full-time (40 hours) and do not have restrictions on my hours or days.
- ( ) I am available full-time, but desire to work part-time.
- ( ) I am only available to work part-time.

Date available to start:

**NOTE: Work schedules are based upon the needs of the City and may be subject to change on a weekly basis.**

### EDUCATION

High School \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES  NO  Degree \_\_\_\_\_

College \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES  NO  Degree \_\_\_\_\_

Other \_\_\_\_\_ Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES  NO  Degree \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

## MILITARY SERVICE

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
If other than honorable, explain \_\_\_\_\_

**ADDITIONAL EXPERIENCE OR QUALIFICATIONS**

List any other experience, skills, or other qualifications, including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like the City to consider in connection with your application for employment.

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**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
_____	_____
Company	Phone
_____	_____
Address	
_____	

Full Name	Relationship
_____	_____
Company	Phone
_____	_____
Address	
_____	

Full Name	Relationship
_____	_____
Company	Phone
_____	_____
Address	
_____	

**ATTENDANCE AND PUNCTUALITY INFORMATION**

Consistent attendance and punctuality are requirement of every job with the City. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the City? ( ) Yes ( ) No

If yes, please explain:

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**AGREEMENT**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. (Please initial here.) \_\_\_\_\_

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

(Please initial here.) \_\_\_\_\_

It is the policy of the City to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by federal, state or local law.

(Please initial here.) \_\_\_\_\_

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information, and I also release the employer from all liability that might result from making an investigation.

(Please initial here.) \_\_\_\_\_

If hired, I agree to abide by all of the City rules and regulations and understand that, if employed my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the City or me. I further understand that no representation, whether oral or written by the City shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies procedures, benefits, or other terms or agreements for employment for any specified period of time or to make any changes in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the governing body or to make any agreement contrary to the foregoing. (Please initial here.) \_\_\_\_\_

I understand that this application is good only for one hundred eighty (180) days from today's date. If I still desire a position with the City after this application expires, it will be my responsibility to fill out a new application and submit it to the City. (Please initial here.) \_\_\_\_\_

If hired, I understand that in accordance with the City's Personnel Policies that I must have an account with a financial institution. All payroll will be directly deposited into said account and the information pertaining to deposit must be given before I may start work. (Please initial here.) \_\_\_\_\_

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature

Date

\_\_\_\_\_

\_\_\_\_\_