

Application For Employment

CITY OF PRATT

P. O. Box 807

Pratt, Kansas 67124

POSITION(S) APPLIED FOR: _____

DATE: _____

DISPATCHER

LAW ENFORCEMENT OFFICER

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER AND STREET CITY STATE ZIP CODE

TELEPHONE NO.: _____

AGE GROUP: UNDER 18 18 - 70 OVER 70

IF NECESSARY, BEST TIME TO CALL YOU AT HOME IS _____

ARE YOU EMPLOYED NOW? YES NO

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

MAY WE CONTACT YOU AT WORK? YES NO

IF YES, WORK NUMBER AND BEST TIME TO CALL _____

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF PRATT IN THE PAST? YES NO

IF YES, WHEN AND IN WHICH DEPARTMENT? _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

DO YOU HAVE COMPUTER SKILLS? YES NO

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

IF YES, STATE AND NUMBER _____

WILL YOU UNDERGO PRE-EMPLOYMENT PHYSICAL IF REQUIRED? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

(SUCH CONVICTION MAY BE RELEVANT IF JOB RELATED,
BUT DOES NOT BAR YOU FROM EMPLOYMENT)

IF YES, PLEASE EXPLAIN: _____

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

TYPE OF WORK DESIRED: FULL TIME PART-TIME

ARE YOU WILLING TO WORK IN A JOB REQUIRING EVENING OR NIGHT TIME HOURS? YES NO

WILL YOU WORK OVERTIME HOURS IF ASKED? YES NO

EMPLOYMENT EXPERIENCE LIST PRESENT AND PAST EMPLOYERS. START WITH MOST RECENT JOB.

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
JOB TITLE			REASON FOR LEAVING

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JOB TITLE			REASON FOR LEAVING

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION. (LIST OTHER SKILLS, TRAINING, EXPERIENCE, ETC. WHICH MAY BE CONSIDERED.)

EDUCATIONAL DATA

CIRCLE THE HIGHEST SCHOOL GRADE COMPLETED: _____ 8 9 10 11 12 13 14 15 16 16+

NAME AND ADDRESS OF LAST HIGH SCHOOL ATTENDED _____ GRADUATE? _____ IF GED, GIVE YEAR _____

COLLEGES / UNIVERSITIES ATTENDED _____ GRADUATE? _____ DEGREE / MAJOR SUBJECTS _____

BUSINESS COLLEGES, ETC. ATTENDED _____ COURSES / SUBJECTS OF STUDY _____

MILITARY DATA

HAVE YOU BEEN A MEMBER OF THE U.S. ARMED FORCES? _____ IF YES, WHAT BRANCH? _____

DATES OF DUTY: FROM _____ TO _____ RANK AT DISCHARGE: _____

LIST MILITARY DUTIES INCLUDING ANY SPECIAL TRAINING: _____

GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES NOT RELATED TO YOU.

Applicant's Statement

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I UNDERSTAND THAT THIS APPLICATION IS NOT, AND IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT.

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 CITY OF PRATT.

Signature of Applicant _____

Date _____

For Personnel Department Use Only

INTERVIEWED BY: _____

DATE: _____

REMARKS: _____

JOB TITLE: _____ HOURLY RATE: _____ DEPARTMENT: _____

REFERRAL SOURCE: _____