

CITY OF CLAY CENTER

427 Court
 P O Box 117
 Clay Center, KS 67432
 Phone: 785-632-5454
 Fax: 785-632-3943
 E-mail: cityclerk@claycenterks.com



EMPLOYMENT APPLICATION

Date: _____, 20____

APPLICANT INFORMATION			
Last Name	First	M.I.	Date of Birth:
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company	Phone ()
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
----------------------------------------------------------	------------------------------	-----------------------------

Company	Phone ()
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Address	Supervisor
---------	------------

Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Do you have a valid Kansas Driver's license if the job requires it?	YES _____	NO _____
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MILITARY SERVICE

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

DISCLAIMER AND SIGNATURE

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.

Signature	Date
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