



City of Horton
www.cityofhorton.com
205 East 8th Street
PO Box 30
Horton, KS 66439
Phone (785) 486-2681
Fax (785) 486-2381

Applicant: We appreciate your interest in our organization and assure that we are interested in your qualifications. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, material or veteran status, disability or handicap. (Equal Opportunity Employer)

Complete application in full... Please use a pen and print clearly

Application for Employment

Position(s) for which you are applying: _____

Type of position: Full Time Part Time Summer Temporary
If part-time, state days and time: _____

Name: _____

Other names used: _____ Social security number: _____ - _____ - _____

Home (street) address: _____ City: _____ State: _____ Zip: _____

How long at current address: _____ Year _____ Month Email address to contact you: _____

Please list your other addresses, if any, in the last seven (7) years:

Home telephone: _____ Other telephone number to contact you: _____

Employment: Complete your employment record for at least the past 10 years. Please explain any gaps between jobs. Begin with most recent employment.

Present employer: _____ Address: _____

From: _____ To: _____ Job Title: _____ Telephone: _____

May we contact your present employer for reference? Yes No Supervisor: _____

Briefly explain duties: _____

Reason for leaving: _____ Current salary: \$ _____

Past employer: _____ Address: _____

From: _____ To: _____ Job Title: _____ Telephone: _____

May we contact your past employer for reference? Yes No Supervisor: _____

Briefly explain duties: _____

Reason for leaving: _____ Ending salary: \$ _____

Past employer: _____ Address: _____

From: _____ To: _____ Job Title: _____ Telephone: _____

May we contact your past employer for reference? Yes No Supervisor: _____

Briefly explain duties: _____

Reason for leaving: _____ Ending salary: \$ _____

Past employer: _____ Address: _____

From: _____ To: _____ Job Title: _____ Telephone: _____

May we contact your past employer for reference? Yes No Supervisor: _____

Briefly explain duties: _____

Reason for leaving: _____ Ending salary: \$ _____

U.S. Military Service: If you have served in the U.S. Military, please provide the following information:

Branch of service: _____ Dates served: From: _____ To: _____

Type of discharge: _____

Skill inventory: Check those skills which you have acquired

- | | | |
|------------------------------|----------------------------|---------------------------------|
| _____ Typewriter (_____ wpm) | _____ Cashiering | _____ General Accounting |
| _____ Record Keeping | _____ Key Punch | _____ Payroll |
| _____ Filing | _____ Credits & Collection | _____ Telephone |
| _____ Purchasing | _____ Utility Billing | _____ Calculator/Adding Machine |

Technical:

- | | | |
|----------------------------|-------------------|--|
| _____ Computer Programming | _____ Drafting | _____ Electrical Repair |
| _____ Illustrating | _____ Surveying | _____ Construction Inspection |
| _____ E.M.T. | _____ Photography | _____ Water/Wastewater Cert. level _____ |

Maintenance:

- | | | |
|------------------------|----------------------------------|--------------------|
| _____ Construction | _____ Truck Driver- to 1 ½ ton | _____ Farm Tractor |
| _____ Backhoe-Loader | _____ Truck Driver- over 1 ½ ton | _____ Trencher |
| _____ General Labor | _____ Grader Operations | _____ Bull Dozer |
| _____ Chain Saw | _____ Concrete Work | _____ Asphalt Work |
| _____ Vehicle Mechanic | _____ Plumbing | _____ Landscaping |
| _____ Hand Tools | | |

List any other skills you have, including professional or technical licenses: _____

References:

Name: _____ Relationship (no relatives): _____ Daytime phone: _____

Address: _____ City, State, Zip: _____

Name: _____ Relationship (no relatives): _____ Daytime phone: _____

Address: _____ City, State, Zip: _____

Name: _____ Relationship (no relatives): _____ Daytime phone: _____

Address: _____ City, State, Zip: _____

Name: _____ Relationship (no relatives): _____ Daytime phone: _____

Address: _____ City, State, Zip: _____

Have you been convicted of a felony in the last seven years? _____ No _____ Yes If yes, please explain the circumstances:

In order for us to be able to process your application, please review and initial each of the statements below:

I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application and/or termination (at any time) of my employment. I understand that the City may research all statements and claim made on this application. _____

I understand that all offers of employment will be conditional and subject to the passing of a pre-employment criminal background check, as well as personal and professional background checks, for the purposes of consideration of this application. I understand that the applicant driving record must be acceptable by the city's insurance carrier. _____

You may contact any references, past and current employers, and any other individual or organization that might be relevant to the position for which I am applying—except for those specifically excluded in writing on this application. I hereby release all of these references, employers and other individuals/organizations from any and all liability for damages that might occur in connection with the processing of this application. _____

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without notice, at any time, at either my or the company's option. I also understand that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. _____

DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED ALL OF THE ABOVE STATEMENTS

My signature indicates that I read all of the above statements, that I asked any questions that I may have had, and that I fully understand all of these statements.

Applicant's signature: _____ Date: _____



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Authority for Release of Information

Last name: _____ First: _____ Middle: _____ Maiden: _____

DOB : _____ SSN: _____

Place of birth City: _____ State: _____ County: _____

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 Horton, whether the said records are of public, private or confidential nature.

The intent of the authorization is to give for full complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the result of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have not had an interest.

I reiterate, and emphasize that the intent of the authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Horton to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Horton. I understand that all materials pertaining to this background investigation become the property of the City of Horton and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Must be signed in the presence of a notary: Signature: _____

Date: _____

State _____ County of _____

Signed before me on this _____ day of _____, 20____, by _____.

(notary seal)

Signature of Notary

Name of Notary

My Commission Expires