



# Application for Employment

PO Box 210  
703 Fifth Street  
Oswego, KS 67356

Phone: 620/795-4433  
Fax: 620/795-4873  
Web: www.oswegokansas.com

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the City Office at 620/795-4433.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone# \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_

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

Position applied for \_\_\_\_\_ Date of application \_\_\_\_\_

The best time to call you at home is ..... \_\_\_\_\_ AM  
\_\_\_\_\_ PM

May we contact you at work?.....  Yes  No  
If **yes**, work number and best time to call \_\_\_\_\_ AM  
\_\_\_\_\_ PM

Have you submitted an application here before?  Yes  No  
If **yes**, give date \_\_\_\_\_

Have you ever been employed here before?.....  Yes  No  
If **yes**, give dates: From \_\_\_\_\_ To \_\_\_\_\_  
And position held \_\_\_\_\_

Are you legally eligible for employment  
in this country?.....  Yes  No

Date available for work..... \_\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Seasonal  Temporary

Will you relocate if job requires it?.....  Yes  No

Will you travel if job requires it.....  Yes  No

Are you able to meet the attendance requirements  
of the position, (If explained) .....  Yes  No

Will you work overtime if required? .....  Yes  No  
If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Are you able to perform the essential functions of the job for  
which you are applying? (with or without reasonable accommo-  
dations?) **Information regarding disabilities or the necessity for  
accommodations is not being requested.**  
 Yes  No  Need more information about the  
Job's "essential functions" to respond.

Driver's license number if driving is required in the job for  
which you are applying:  
\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded.....  Yes  No

Have you ever pleaded "guilty" or "no contest" to,  
Or been convicted of a crime? .....  Yes  No  
**Answering yes does not constitute an automatic bar to employment:**  
If **yes**, please provide date and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

Please provide the following information, starting with your most recent employer.

Employer	Telephone	Dates employed :	to
Street Address	City	State	Zip
Starting job title/final job title	Compensation (Starting) Hourly      Salary      \$                      per		
Immediate supervisor and title (for most recent position)			
Describe the type of work performed and your job responsibilities	Compensation (Final) Hourly      Salary      \$                      per		
If you are no longer an employee why did you leave?			
What did you like most about your position?			
What were the things you liked least about the position?			

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Describe the type of work performed and your job responsibilities	Compensation (Final) Hourly      Salary      \$                      per		
If you are no longer an employee why did you leave?			
What did you like most about your position?			
What were the things you liked least about the position?			

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

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If not addressed on previous page, have you ever been fired or asked to resign from a job? ..... \_\_\_ Yes \_\_\_ No

If **yes**, please explain \_\_\_\_\_

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## Skills and Qualifications

List any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. \_\_\_\_\_

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Computer Skills (Please include software titles and years of experience.)

- Word Processing \_\_\_\_\_ Years \_\_\_\_\_
- Excel (or other Spreadsheet) \_\_\_\_\_ Years \_\_\_\_\_
- Presentation \_\_\_\_\_ Years \_\_\_\_\_
- Outlook (or other Email) \_\_\_\_\_ Years \_\_\_\_\_
- Internet \_\_\_\_\_ Years \_\_\_\_\_
- Powerpoint \_\_\_\_\_ Years \_\_\_\_\_
- Other \_\_\_\_\_ Years \_\_\_\_\_
- Other \_\_\_\_\_ Years \_\_\_\_\_

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		___ Diploma ___ Certification	___ GED ___ Other	
		___ Diploma ___ Certification	___ GED ___ Other	
		___ Diploma ___ Certification	___ GED ___ Other	
		___ Diploma ___ Certification	___ GED ___ Other	

## References

List name and telephone number of three business/work references who are **not** related to you and are not previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship To You	Telephone	Number of Years Known
			( )	
			( )	
			( )	

**Related Information**

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current job or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

If yes, please explain \_\_\_\_\_

Is there any other job-related information you want to add? \_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided to apply for and secure work with this employer is true, complete and correct.

I authorize the employer to obtain information from all references (personal and professional) in order to verify the accuracy of all information provided in this application.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form.

The City of Oswego is an Equal Opportunity Employer and does not unlawfully discriminate in it's employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration of employment on the basis of his or her sex, race, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT:**  
 I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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