BUHLER, KANSAS "AN EQUAL OPPORTUNITY EMPLOYER"

Buhler City Building / 219 N. Main / P.O. Box 187 / Buhler, KS 67522 /620/543-2253

Application for Employment

INSTRUCTIONS AND INFORMATION (Read Before Completing Application).

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical conditions or handicap.

Applications <u>must be signed</u> by the applicant in their own writing. Applications will not be considered unless the application is <u>complete</u>.

The City of Buhler reserves the right to require various pre-employment screenings prior to any final offer of employment. These screenings may include, but are not necessarily limited to: driving record; background investigation, including polygraph; and medical, including drug testing. In addition, some positions may require drug testing as a continuing condition of employment.

	(PLEASE	PRINT CLEARLY)	" - #	:
Date of Application: _				
Position Applied for:_ Referral Source:	☐ Advertisement☐ Walk-In	☐ Friend ☐ Employment		Relative Other
NAME:			<u> </u>	
ADDRESS:			·	
TELEPHONE: (<u>)</u>	SOCIAL SE	CURITY#:	
Have you ever been e	mployed by the City of Bu	thler?	☐ Yes	□ No
Are you available to w The state of the s	ork: Part time ou be available for work?	Shift work Tem	porary	
What hours would you	prefer to work?			
Would you accept shif	t work?		Yes	□ No
	ive(s) working for the City it is their relationship to yo		Yes	□ No
	ted of a felony within the		Yes	□ No
	ne U.S. Military Service?		Yes	☐ No
Do you have a valid D			☐ Yes	☐ No
If yes, License #		State		
Class T A	¬в П с □ р	Other	•	

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin): What type of work would you like to do which best suits your background and experience. Please feel free to add any information which will help us place you in a position where you would be most qualified. Please list three references who are not related to you and are not previous employers: Name: Address: Phone Number: Address: Phone Number: Address: Phone Number: Telephone #: May we contact: City: Supervisor: State: Work Performed: Employer: Telephone #: Reason for Leaving: Telephone #: May we contact: Supervisor: State: Job Title: May we contact: Supervisor: State: Job Title: Reason for Leaving: Employed: Reason for Leaving: Reason for Leaving:	I authorize the City of Buhler to request	my current Motor Vehicle Registrati	ion record.
What type of work would you like to do which best suits your background and experience. What type of work would you like to do which best suits your background and experience. Please feel free to add any information which will help us place you in a position where you would be most qualified. Please list three references who are not related to you and are not previous employers: Name: Address: Phone Number:		Signature	
What type of work would you like to do which best suits your background and experience. What type of work would you like to do which best suits your background and experience. Please feel free to add any information which will help us place you in a position where you would be most qualified. Please list three references who are not related to you and are not previous employers: Name: Address: Phone Number:			ing and the second of the seco
What type of work would you like to do which best suits your background and experience. Please feel free to add any information which will help us place you in a position where you would be most qualified. Please list three references who are not related to you and are not previous employers: Name: Address:	List professional, trade, business or civ race, color, religion, sex or national original	ic activities and offices held. (Exclugin):	de those which indicate
What type of work would you like to do which best suits your background and experience. Please feel free to add any information which will help us place you in a position where you would be most qualified. Please fist three references who are not related to you and are not previous employers: Name: Address:			
What type of work would you like to do which best suits your background and experience. Please feel free to add any information which will help us place you in a position where you would be most qualified. Please list three references who are not related to you and are not previous employers: Name: Address: Phone Number: Address: Description and volunteer activities. Employer: Telephone #: Dates Employed From To City: Job Title: Starting Final Employer: Telephone #: Dates Employed Address: Job Title: Starting Final Employer: Telephone #: Dates Employed From To City:	ang pagalaga ang akan ang pagalaga ang akan ang pagalaga ang pagalaga		
Please feel free to add any information which will help us place you in a position where you would be most qualified. Please list three references who are not related to you and are not previous employers: Name: Address:	aan daa ja kaja ja 	- Committee to the state of the	
Please feel free to add any information which will help us place you in a position where you would be most qualified. Please list three references who are not related to you and are not previous employers: Name: Address: Phone Number: Address: Address: Phone Number: Address: Address: Address: Address: Dates Employed From To To State: Job Title: Phone #: Phone #: Phone #: Phone Place Employed			
Please feel free to add any information which will help us place you in a position where you would be most qualified. Please list three references who are not related to you and are not previous employers: Name: Address:	and the second of the second 		
Please fist three references who are not related to you and are not previous employers: Name:			
Please list three references who are not related to you and are not previous employers: Name:	Please feel free to add any information	which will help us place you in a pos	sition where you would be
Please fist three references who are not related to you and are not previous employers: Name: Address:			
Please list three references who are not related to you and are not previous employers: Name: Address:			
Name:Address:	Please list three references who are no	ot related to you and are not previous	s employers:
Name:Address:	Name*	Address:	
Phone Number: Name:	Phone Number:		
Phone Number: Name:	Nama	Address:	
Employment Experience Start with your present or last job. Include military service assignments and volunteer activities. Employer:	Phone Number:	Addioss	
Employment Experience Start with your present or last job. Include military service assignments and volunteer activities. Employer:	Name	Address:	
Start with your present or last job. Include military service assignments and volunteer activities. Employer:	Phone Number:		
Start with your present or last job. Include military service assignments and volunteer activities. Employer:			
Start with your present or last job. Include military service assignments and volunteer activities. Employer:	Emr	Novment Experience	·
Employer: Telephone #: Dates Employed Address: May we contact: From To Supervisor: Supervisor: Rate of Pay Starting Final Employer: Telephone #: Dates Employed Reason for Leaving: Telephone #: Dates Employed Address: May we contact: From To City: Supervisor: Supervisor: State: Zip: Job Title: Rate of Pay Starting Final		Moyment Experience	
Employer: Telephone #: Dates Employed Address: May we contact: FromTo City: Supervisor: Job Title: Rate of Pay Starting Final	Start with your present or last job.	nclude military service assignments	and volunteer activities.
Employer: Telephone #: Dates Employed Address: May we contact: FromTo City: Supervisor: Job Title: Rate of Pay Starting Final	Employer:	Telephone #:	Dates Employed
Employer: Telephone #: Dates Employed Address: May we contact: FromTo City: Supervisor: Job Title: Rate of Pay Starting Final	Address:	May we contact: Supervisor:	_ From 10
Employer: Telephone #: Dates Employed Address: May we contact: FromTo City: Supervisor: Job Title: Rate of Pay Starting Final	State: Zip: Zip:	Job Title:	Rate of Pav
Employer: Telephone #: Dates Employed Address: May we contact: FromTo City: Supervisor: Job Title: Rate of Pay Starting Final	vvork Periormed		Starting Final
Employer: Telephone #: Dates Employed Address: May we contact: From To City: Supervisor: State: Zip: Job Title: Work Performed: Rate of Pay Starting Final	Neason for Leaving.		
Employer: Telephone #: Dates Employed Address: May we contact: From To City: Supervisor: State: Zip: Job Title: Work Performed: Rate of Pay Starting Final			
Otal ting 1 mai	<u>:</u>		• • • • • • • • • • • • • • • • • • • •
Ctarting + man	Employer:	Telephone #: May we contact:	From To
Ctarting + man	City:	Supervisor:	
Otal ting 1 mai	Work Performed:	JOD Hille.	Rate of Pay
	the state of the s	· · · · · · · · · · · · · · · · · · ·	Starting Filtal

•

Employer:	Telephone #:	Dates Employed
Employer:Address:	May we contact:	From To
City:	Supervisor:	
State: Zip:	Job Title:	
City:	 	Rate of Pay
		. I Starting Final
Reason for Leaving:	- in entre de la company de la company de la comp etition de la company de la company de la company de la compa	
- *•	₩ 1 × 6 × × 10	Fig. 26 Tage 1 to 10 Th
_mployer:	l elepnone #:	Dates Employed From To
Address.	Iway we contact	Lioui 10
State: Zin:	Job Title:	
Employer:	oob i we.	Rate of Pay
Reason for Leaving:		Starting Final
Reason for Leaving:		
Employer:	Telephone #:	Dates Employed
\ddress:	May we contact:	Dates Employed
Sity:	Supervisor:	
State: Zip:	Job Title:	
Employer:		Rate of Pay
		i Starting Final
Reason for Leaving:		
Name of School	Years Completed	Degree
Elementary School:	45678 _	
High School:		
College/University:		
Graduate/Professional:	123	· · · · · · · · · · · · · · · · · · ·
escribe Course of Study:	•	
dialogo de la composição de la composiç		, j, i
escribe Specialized Training, Apprenti	ceship, Skills, and Extra-Curricula	
		· · · · · · · · · · · · · · · · · · ·
		**
•	the control of the co	
:		
•		

Applicant Data Record Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

tile Application for Employment.	Date		(no more than one position may be listed)	isement	
Comment in Soparate Holli tile Application for Employment.	(PLEASE PRINT CLEARLY)	Position Applied For		Referral Source: Advertisement	☐ Relative ☐ Walk-In ☐

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Government agencies require periodic reports on the sex, ethn handicapped and veteran status of applicants. This data is for and affirmative action only. Submission of information is voluntary. Check one: Check one of the following Race/Ethnic Groups: White Black American Indian/Alaskan Native Asian/Pacific Islander Other	Applicant's Statement I certify that the answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that I will be required to and can provide proof of citizenship or immigration status. In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. If I am employed and in consideration thereof, I understand and agree to conform to the rules and regulations of the City of Buhler and that my employment and compensation can be terminated, with or without cause, and without notice, at any time, at the option of either the City of Buhler or myself. If I am employed, I further understand and agree that when my employment is terminated, I must return all of the City of Buhler's property in my custody.	
tive Actional dicity, allysis	Signature of Applicant Date COD DEDCOMMEL DEDARTMENT LICE ONLY	
On Survey Check if any of the following are applicable: Uletnam Era Veteran Disabled Veteran Handicapped Name: Phone: Address: FIRST MIDDLE LAST STREET CITY STATE ZIP	Position Considered For: Date: Interviewed Yes No Remarks: Interviewers: Date Interviewed: Employed Yes No Date of Employment Job Title: Hourly Rate/Salary: Department: BY: Name & Title Date	