

City of South Hutchinson

Employment Application

		Арр	licant lı	nform	ation			
Full Name:							Date:	
	Last	First	t			M.I.		
Address:	Street Address						Apartment/Unit #	
	City					State	ZIP Code	
Phone:			E	Email				
Date Available:			Des	sired S	alary		\$	
Position App	plied for:							
Are you a ci	itizen of the United States?	YES	NO	If no, a	are you a	authorized to wo	YES ork in the U.S.?	NO
Have you e Hutchinson	ver worked for the City of So?	outh YES	NO	If yes,	when?_			
Have you e	ver been convicted of a felo	YES ony?	NO					
If yes, expla	in:							
			Educa	ation				
High Schoo	l:		Address:				_	
From:	To:	Did you gr	aduate?	YES	NO	Diploma:		
College:		/	Address:					
From:	To:	Did you graduate?			NO	Degree:		
Other:			Address:					
From:	To:	Did you gr	aduate?	YES	NO	Degree:		

	References	
Please list t	hree professional references.	
Full Name:		Relationship:
Company:		Phone:
Address:		
Full Name:		Relationship:
Company:		Phone:
Address:		
Full Name:		Relationship:
Company:		Phone:
Address:		
	Previous Employment	
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary:\$	Ending Salary:\$
Responsibili	ties:	
From:	To: Reason for Leaving:	
May we con	YES NO tact your previous supervisor for a reference?	
Company:		Phone:
Address:		Supervisor:
	Olastia a Oalasa fi	· ·
Job Title:	Starting Salary:	Ending Salary: <u>\$</u>
Responsibili	ties:	
From:	To: Reason for Leaving:	
May we con	YES NO tact your previous supervisor for a reference?	

Company:		Phone	•	
Address:				
Job Title:	Starting Salary:			
Responsibilities:				
From: To:	Reason fo	r Leaving:		
May we contact your previous supervisor for a re	YES	NO		
	Military Service			
Branch:		From:	To:	
Rank at Discharge:	Type of I	Discharge:		
If other than honorable, explain:				
Dis	claimer and Signat	ure		
I certify that my answers are true and correct thutchinson to make investigation of my person employer, person, firm, corporation, credit age information they may have regarding me, and for dismissal. In consideration of the prospectifutchinson and all providers of information fro	to the best of my know nal or employment his ency or government ag I understand that any ve employer review of	rledge. I authorize the tory and authorize any pency to give the City of misrepresentation, or this application, I rele	r present / former of South Hutchinson any omission shall be cause ase the City of South	
Signature:		Date:		



South Hutchinson Police Department 10 East Blanchard Avenue South Hutchinson, Kansas 67505

PRE-EMPLOYMENT BACKGROUND WAIVER

PLEASE PRINT OR TYPE PERSONA				NAL DATA ATTACH ADDITIONAL SHEETS AS NECESSARY				
1. Last Name		First		Middle 2. Date of I		3. Social Security Number		
4. Apt. No.	5. Street Addr	ess		6. City		7. Sta	ıte	8. Zip Code
						-		
9. Current DL #			10. State of Issue			11. Issued 12. Expires		
PLACES OF RESIDENCE								
Please list the	address of each	place where you have live	d during the past	ten (10) years				
	aclusive Dates Apt No. Street Address				City		State	Zip Code
From	То	•						
								_
			W/A	IVED				
This waiver authorizes the full & complete disclosure of information to the South Hutchinson Police Department concerning my driver's history, criminal history, credit history, educational background, employment history, records of the Department of Human Resources Child Support Enforcement, records of local, state, and federal criminal justice agencies, and all other information which may be used in determining my suitability for employment in a governmental position of trust. This further releases all persons and companies of any liability in relinquishing the requested information to representatives of the South Hutchinson Police Department for the purpose of my being considered for employment or appointment to a position within local government. This release also acknowledges that I will submit to a fingerprint background check as designated by the position. I understand my rights under Title 5, Under the United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the South Hutchinson Police department and retained by them in confidence unless I authorize release. I have had adequate time to read and review this form and I understand its meaning and purpose.								
	Signature							
				Dete				
				Date				