

# CITY OF SOLOMON Application for Employment

PO Box 273, Solomon KS 67480

The City of Solomon will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Date \_\_\_\_\_ Position(s) Applied For: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk In  Job Agency  Other \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Phone \_\_\_\_\_ Email \_\_\_\_\_ Driver's License \_\_\_\_\_ State \_\_\_\_\_

If under 18 years old, can you provide proof of eligibility to work?.....  No  Yes

Have you filed an application with the City of Solomon before?..... No  Yes Give date \_\_\_\_\_

Have you ever been employed by the City of Solomon before?..... No  Yes Give date \_\_\_\_\_

Are you related to anyone currently employed by the City of Solomon?..... No  Yes Give name \_\_\_\_\_

Are you currently employed?.....  No  Yes

May we contact your present employer?..... No  Yes

Are you prevented from lawfully being employed in this country due to Visa or Immigration Status?  No  Yes  
(Proof of citizenship or immigration status will be required of all new employees upon employment)

On what date would you be available for work? \_\_\_\_\_

Are you interested in working:  Full Time  Part Time  Shift Work  Temporary  Seasonal

Are you on a lay-off and subject to recall?.....  No  Yes

Are you willing to travel if a job requires it?.....  No  Yes

Have you been convicted of a felony within the last 7 years? ..... No  Yes  
(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*-- The City of Solomon is an Equal Opportunity Employer*

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# Education & Training

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	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary	_____	_____	_____	_____
High School	_____	_____	_____	_____
Comm. College	_____	_____	_____	_____
Undergraduate	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____

**Please list/describe any specialized training, apprenticeship, certifications, skills, special job-related skills and qualifications:**

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**List professional, trade, business or civic activities and offices held:** *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.)*

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**Describe any job-related training received during military service:**

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# Additional Information

## Specialized Skills [Check skills you possess and list equipment you can operate]

Computer / (Type)

- Word Processing / \_\_\_\_\_
- Spreadsheets / \_\_\_\_\_
- Database / \_\_\_\_\_

Other

- Copier
- Calculator
- Scanner

Machinery & Equipment / (Type)

- Backhoe / \_\_\_\_\_
- Road Grader / \_\_\_\_\_
- Welder / \_\_\_\_\_
- Skid Steer / \_\_\_\_\_
- Other \_\_\_\_\_ / \_\_\_\_\_
- Dump Truck / \_\_\_\_\_
- Tractor / \_\_\_\_\_
- Other \_\_\_\_\_ / \_\_\_\_\_

Please state any additional information you feel may be helpful to us in considering your application:

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**Note to Applicants:** DO NOT ANSWER THE FOLLOWING QUESTION UNTIL YOU HAVE READ A COPY OF THE JOB DESCRIPTION EXPLAINING THE ESSENTIAL DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING.

Do you have any physical or mental limitations that would prevent you from performing the essential functions of the position for which you have applied?  Yes  No

## References

1. \_\_\_\_\_  
(Name)

( ) \_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Relationship)

2. \_\_\_\_\_  
(Name)

( ) \_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Relationship)

3. \_\_\_\_\_  
(Name)

( ) \_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Relationship)

# Employment History

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address	Hourly Rate/Salary		
	Job Title	Starting	Current	
	Reason for leaving			

2	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address	Hourly Rate/Salary		
	Job Title	Starting	Current	
	Reason for leaving			

3	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address	Hourly Rate/Salary		
	Job Title	Starting	Current	
	Reason for leaving			

4	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address	Hourly Rate/Salary		
	Job Title	Starting	Current	
	Reason for leaving			

**APPLICANT'S STATEMENT:** I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Prior to employment, a criminal background check will be completed. This application shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period, should inquire as to whether or not applications are being accepted at that time. I understand and acknowledge, unless otherwise defined by applicable law, that all employment relationships with the City of Solomon are "at will", which means an Employee may resign at any time with or without notice and the Employer may discharge an Employee at any time with or without cause, and with or without notice. It is further understood that this "at will" employment relationship may not be changed by an written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that if I am employed by the City of Solomon, false or misleading information provided on my application or discovered during the course of an interview, may result in discharge. I further understand that if employed, I am required to abide by all rules and regulations of the City.

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