

For Office Use Only

Date Received: _____

101 S. Cedar Street
PO Box 347
Goessel, KS 67053
Phone: 620-367-8111
Email: cityclerk@goesselks.com

CITY OF GOESSEL
EMPLOYMENT
APPLICATION



(Please Print)

Position applying for:		Date:	
Last name:	First name:	Middle initial:	
Address:	City:	State:	Zip:
Telephone number:	Email:	Social Security Number:	

Best time and method to contact you: _____

Are you currently employed? _____

Have you ever filed an application with us before? If yes, give date: _____

Have you been employed by Goessel previously? Yes No If yes, when: _____

Are you currently on "lay-off" status and subject to recall? _____

Relatives employed by city, if any: _____

Date available to work: _____ Desired salary: _____

Availability: Full Time Part Time (Mornings Afternoons Days _____)

Can you travel if the job requires it? _____

Have you been convicted of a crime excluding traffic offenses? If so, please explain:
(conviction of a crime is not a disqualification for employment; all circumstances will be considered) _____

EDUCATION

	Name & Location of School	Course of Study (if applicable)	Years completed	Degree (if applicable)
High School or GED				
Undergraduate School				
Graduate School				
Trade School or other				

TRAINING AND EXPERIENCE

Describe specialized training, experience, and skills:

Describe any civic activities, offices held, professional organizations, or extracurricular activities:

Describe the reason you are interested in the job:

EMPLOYMENT HISTORY

Start with your present/most recent job.

Employer:	Address:
Job title:	Dates employed:
Supervisor:	Reason for leaving:
Work performed:	Salary:
Employer:	Address:
Job title:	Dates employed:
Supervisor:	Reason for leaving:
Work performed:	Salary:
Employer:	Address:
Job title:	Dates employed:
Supervisor:	Reason for leaving:
Work performed:	Salary:

A valid Kansas driver’s license may be required for this position. Please complete.

Do you have a valid Kansas driver’s license? Yes No

State _____ Licence # _____ Expiration Date _____

Is your license a CDL? Yes No If so, what class? _____

If driving is a requirement of this position for which you are applying, I authorize the City to access my driving record to verify this information. (Please initial here.) _____

REFERENCES

Please complete at least three references that may be contacted.

Name:	Phone number:
	Email:
Circle: Personal or Professional	How long have you known this person?

Name:	Phone number:
	Email:
Circle: Personal or Professional	How long have you known this person?

Name:	Phone number:
	Email:
Circle: Personal or Professional	How long have you known this person?

Name:	Phone number:
	Email:
Circle: Personal or Professional	How long have you known this person?

City of Goessel does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or any other legally protected status.

Goessel is an equal opportunity employer.

CERTIFICATION

I hereby certify I have answered all questions completely and that answers given by me to the questions and statements are true and correct. I authorize you to contact references, past or present employers, persons, and any other sources of information which may be relevant to my application for employment. I hereby relieve all individuals connected with such release from liability for providing this information.

I agree that any misrepresentation, false statement or omission will be sufficient reason for rejection or my application or for dismissal at any time during my employment, without liability to the City.

I authorize the City to conduct a criminal background check through law enforcement agencies. I also authorize the City to contact the schools listed.

No employment contract is created by virtue of my being hired by the City.

If employed, I understand that I must conform to the policies of the City and to any departmental rules and regulations, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the City or myself. I understand that no representative of the City, other than the governing body of Goessel has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I understand that I must furnish additional information.

Applicant signature

Date