

Employment Application

City of Goessel

101 S. Cedar
 Goessel, KS 67053 • Phone: (620) 367-8111 • Fax: (620) 367-2774
 E-mail: goescity@mtelco.net



This form has been designed to assist you in applying with the city; all information given will be treated in a confidential manner. Please complete all information requested.

Name _____ Last _____ First _____ M.I. _____
 Social Security No _____ Date _____
 Position(s) Desired (Title & Department) _____
 Salary Desired _____ Full-Time Part-Time Temp

Address (Street/City/State/Zip) _____
 Telephone _____ Have you ever been employed by City of Goessel? _____ If yes, please list dates of employment, position(s) held, and department(s) _____
 Have you ever been interviewed for a job with Goessel City Council? If yes, please give the date and position for which you interviewed _____
 State your name at that time if different from present _____ List any relatives employed by Goessel _____
 As an adult, have you ever been convicted of an offense other than a minor traffic violation? Yes No
 (Convictions are evaluated by position and are not necessarily disqualifying). If yes, please explain below: _____

How did you learn about this position? City Employee Newspaper (which one?) _____ Other (specify) _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 If you did not complete high school, do you have a GED? _____

School Level	School Attended	Address	Years	Major	Degree/ #Credits
High School					
College/University					
Graduate School					
Trade School					

SKILLS INVENTORY

<input type="checkbox"/> Typing	01	<input type="checkbox"/> Programming	12	<input type="checkbox"/> EMT-State	19	<input type="checkbox"/> Truck Driver<1.5t	27
<input type="checkbox"/> WPM		<input type="checkbox"/> Languages:		<input type="checkbox"/> EMIC-T-State	20	<input type="checkbox"/> Truck Driver>1.5t	28
<input type="checkbox"/> Personal Computer	05			<input type="checkbox"/> RN-State	21	<input type="checkbox"/> Backhoe-Loader	29
<input type="checkbox"/> Software:				<input type="checkbox"/> LPN-State	22	<input type="checkbox"/> Grader	30
				<input type="checkbox"/> CMA-State	23	<input type="checkbox"/> Farm Tractor	31
		<input type="checkbox"/> Drafting	14	<input type="checkbox"/> CAN-State	24	<input type="checkbox"/> Trencher	32
<input type="checkbox"/> Dictaphone	04	<input type="checkbox"/> Autocad	15	<input type="checkbox"/> Regstr.		<input type="checkbox"/> Bull Dozer	33
<input type="checkbox"/> Calculator	06	<input type="checkbox"/> Surveying	16	<input type="checkbox"/> Dietician	25	<input type="checkbox"/> HVAC	34
<input type="checkbox"/> Switchboard	07	<input type="checkbox"/> Const.		<input type="checkbox"/> Dispatching	26	<input type="checkbox"/> Welding	35
<input type="checkbox"/> Filing	08	<input type="checkbox"/> Inspection	17	<input type="checkbox"/> Other		<input type="checkbox"/> Plumbing	36
<input type="checkbox"/> Cashiering	09	<input type="checkbox"/> Read Blue				<input type="checkbox"/> Electrical	37
<input type="checkbox"/> General Accountg.	10	<input type="checkbox"/> Prints	18			<input type="checkbox"/> Carpentry	38
<input type="checkbox"/> Data Entry	11					<input type="checkbox"/> Vehicle Maint.	39
<input type="checkbox"/> Microfilm	12					<input type="checkbox"/> Concrete Work	40
						<input type="checkbox"/> Asphalt Work	41

(For office use only)

Date Received: _____

Drivers License Type _____ State _____ CDL
 Other Skills and/or Licenses _____
 Volunteer Work/Internships (Job Related) _____

Last Name First Name SSN

Employment History:

Listing the most recent first, complete your employment record for at least the past ten (10) years.

Employer Address From to Job Title Salary Reason for leaving Supervisor Name Telephone May we call for references? Briefly, explain duties

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City of Goessel does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or in the provision of programs and services.

"If employed, I understand that I must conform to the policies of the City of Goessel 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 of Goessel or myself. I understand that no manager or representative of Goessel, 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. I hereby certify that the information given on all pages of this application is true and correct. I understand that any answers contrary to the truth may be grounds for dismissal or refusal to hire and that nothing has been withheld that would affect my employment. I authorize my former employers, educational institutions and other persons or entities identified in this application to provide any and all information or documents about me to Goessel, Kansas. I hereby relieve all individuals connected with such release from liability for providing this information. If employed, I understand that I must furnish information required pertaining to birthdate, sex, race, citizenship, marital status and number of dependents and would agree to conform to the rules and regulations of the City."

Applicant Signature: Date: