

For internal use:

Date: \_\_\_\_\_

Forward to: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

# City of Lawrence

## Employment Application



All applicants will receive consideration for employment without regard to race, color, religion, sex, pregnancy, age, marital status, national origin, physical or mental disability. The following information is requested in order to help us make the best possible placement within City of Lawrence. City of Lawrence subscribes to a DRUG FREE WORKPLACE. YOU WILL BE REQUIRED TO SUBMIT TO A DRUG SCREEN AS PART OF OUR PRE-EMPLOYMENT PROCESS. All portions of this application pertaining to you must be completed. Please complete the application in its entirety. Please do not refer to information on your resume (ex: "See Resume" instead of completing your work history).

Parts of this application is public record

Date: \_\_\_\_\_

Please use ink and print legibly

**Position Desired**

Position(s) for which you are applying: \_\_\_\_\_

You are applying for:  Full-time  Part-time  Seasonal  Other work.

Date Available for Employment: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Are you available/willing to work: Overtime?  Yes  No Shifts?  Yes  No

Weekends?  Yes  No Holidays?  Yes  No

Have you ever worked for the City of Lawrence?  Yes  No When? \_\_\_\_\_

If you were previously employed by the City of Lawrence under a different name, what was that name?

\_\_\_\_\_ Dates of employment under that name: \_\_\_\_\_

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accomodation(s) in a safe and effective manner?  Yes  No

**Personal Information**

Name: \_\_\_\_\_  
Last First Middle Previous Name

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**General Information**

Are you legally eligible to work in the United States?  Yes  No

Upon employment, all employees are required to provide proof of eligibility to work in the United States.

If you are younger than age 18, can you furnish a work permit?  Yes  No  N/A

Do you have any relatives presently employed by the City of Lawrence?  Yes  No

Have you ever been disciplined or fired?  Yes  No If you marked Yes, please explain:

\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If you marked Yes, please state the nature of the violation: \_\_\_\_\_

Answering yes and stating the nature of the violation does not automatically preclude an applicant from employment.

Have you ever been refused a fidelity bond?  Yes  No  Not applied for fidelity bond

Do you have a valid CDL license?  Yes  No Expiration Date: \_\_\_\_\_

**Education**

**High School**

Name of School \_\_\_\_\_ Did you graduate?  Yes  No

Location \_\_\_\_\_ Number of years attended? \_\_\_\_\_

**College**

Name of School \_\_\_\_\_ Did you graduate?  Yes  No

Location \_\_\_\_\_ Number of years attended? \_\_\_\_\_

Name of School \_\_\_\_\_ Did you graduate?  Yes  No

Location \_\_\_\_\_ Number of years attended? \_\_\_\_\_

**Vocational/Business School**

Name of School \_\_\_\_\_ Did you graduate?  Yes  No

Location \_\_\_\_\_ Number of years attended? \_\_\_\_\_

Name of School \_\_\_\_\_ Did you graduate?  Yes  No

Location \_\_\_\_\_ Number of years attended? \_\_\_\_\_

**Other**

Name of School \_\_\_\_\_ Did you graduate?  Yes  No

Location \_\_\_\_\_ Number of years attended? \_\_\_\_\_

**Military Experience**

Branch of Service \_\_\_\_\_ Highest Rank \_\_\_\_\_ Type of Discharge \_\_\_\_\_ Numbers of years served? \_\_\_\_\_

Branch of Service \_\_\_\_\_ Highest Rank \_\_\_\_\_ Type of Discharge \_\_\_\_\_ Numbers of years served? \_\_\_\_\_

**Other**

List your professional organization memberships, professional designations, special knowledge, skills, certificates and volunteer activities. Exclude data which indicate your age, gender, religion, national origin, or disability.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Employment History

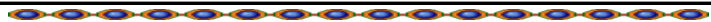
Begin with your current or most recent employment.

If you need additional space, please continue on a separate sheet of paper.

Employer	From:	To:
	Dates Employed	
Address (Street, City, State Zip Code)	Beginning Wage	Ending Wage
Job Title	Supervisor's Name	Supervisor's Phone #
Reason for Leaving: _____		
Describe Job Duties: _____		



Employer	From:	To:
	Dates Employed	
Address (Street, City, State Zip Code)	Beginning Wage	Ending Wage
Job Title	Supervisor's Name	Supervisor's Phone #
Reason for Leaving: _____		
Describe Job Duties: _____		



Employer	From:	To:
	Dates Employed	
Address (Street, City, State Zip Code)	Beginning Wage	Ending Wage
Job Title	Supervisor's Name	Supervisor's Phone #
Reason for Leaving: _____		
Describe Job Duties: _____		

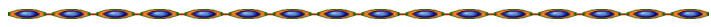


Employer	From:	To:
	Dates Employed	
Address (Street, City, State Zip Code)	Beginning Wage	Ending Wage
Job Title	Supervisor's Name	Supervisor's Phone #
Reason for Leaving: _____		
Describe Job Duties: _____		

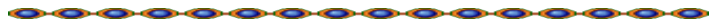
**References**

Please list three (3) references. These should be persons qualified to give information regarding your ability to perform the duties of the position you desire, your character, work ethic, etc.

Name	Employer	Job Title
Work Phone #		Other Phone #



Name	Employer	Job Title
Work Phone #		Other Phone #



Name	Employer	Job Title
Work Phone #		Other Phone #

**Applicant's Statement**

Please indicate that you have read and understand each provision of the following Applicant's Statement by placing your initials beside each paragraph.

- 1. I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in no employment being offered, an offer being withdrawn or, in the event of employment, in discharge.
- 2. I hereby authorize investigation of all statements contained in this application. I understand that information may be obtained through interviews with references and/or past employers, from educational institutions, through a credit check, a criminal history check and/or driver's record check. This inquiry may include information about my personal characteristics, as well as information about my work performance and workplace conduct. I hereby consent to consideration of any statements of references, former employers or others provided in response to the inquiry. If City of Lawrence decides to obtain a consumer credit report, I understand that it will provide, at my request, the name and address of the reporting agency so that I may obtain from such reporting agency the nature and substance of information contained in such report.
- 3. I hereby release my references and my previous employers from liability for their furnishing information concerning me. I also release City of Lawrence for any employment decision it makes on the basis of such information.
- 4. I understand that, if I am hired, I may be required to undergo a physical examination and/or drug screen, as a condition of beginning employment, and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary to determine my ability to perform the duties for the position for which I am hired. I understand that a drug screen is required by City of Lawrence for all employees and information obtained in the drug screen will be made available to specific individuals at City of Lawrence. All medical information will be handled in accordance with the Health Insurance Portability and Accountability Act of 1996 and the Americans with Disabilities Act.
- 5. I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by federal law.

\_\_\_\_\_ 6. I understand that this application is not, nor intended to be, a contract of employment and if I am hired, my employment is for no fixed period of time and either I or City of Lawrence can end the relationship at any time and for any reason. I understand that no representative of City of Lawrence other than the Mayor has the authority to enter into any employment agreement for any specific person of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding. I further understand that statements contained in policies, handbooks or other materials do not create any guarantee of employment and that City of Lawrence has the right to modify, discontinue or establish policies, benefits plans or other programs within the limits and requirements imposed by law.

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

\_\_\_\_\_  
Date

**Note:** An Application not completed in its entirety will not be considered. Please look over your entire application to make sure you have responded to every item.