

CITY OF ESKRIDGE EMPLOYMENT APPLICATION

City of Eskridge, P.O. Box 156, Eskridge, KS 66423 (785) 449-2621 – an EOE

Date _____	Position Applying For _____
Last Name: _____	First: _____ Middle: _____
Present Address: _____	City: _____ St. _____ Zip _____
Previous Address: _____	City: _____ St. _____ Zip _____
Home Telephone: (____) _____	Work: (____) _____

SCHOOL/EDUCATIONAL HISTORY

High School: _____ From: _____ To: _____

College: _____ From: _____ To: _____

College Major: _____ Secondary: _____

Business/Technical: _____

Other: _____

Vocational/Trade School: _____

Professional Licenses/Certificates: _____

Special Skills: _____

Military Service: _____

EMPLOYMENT HISTORY

Employer: _____ Position: _____ Salary: _____

Address: _____

Job Descriptions: _____

Starting Date: _____ Ending Date: _____ Phone: _____

Reason For Leaving: _____

(OVER)

Employer: _____	Position: _____	Salary: _____
Address: _____		
Job Descriptions: _____		
Starting Date: _____	Ending Date: _____	Phone: _____
Reason For Leaving: _____		
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Employer: _____	Position: _____	Salary: _____
Address: _____		
Job Descriptions: _____		
Starting Date: _____	Ending Date: _____	Phone: _____
Reason For Leaving: _____		
<hr/>		
Employer: _____	Position: _____	Salary: _____
Address: _____		
Job Descriptions: _____		
Starting Date: _____	Ending Date: _____	Phone: _____
Reason For Leaving: _____		

Indicate Days Of Week (if any) You Would Not Be Able To Work: _____

Would You Work Overtime: _____ May We Contact Present Employer: _____

Have You Ever Been Convicted of a Felony? Yes _____ No _____

PERSONAL REFERENCES

Name: _____ Occupation: _____ Phone: _____

Name: _____ Occupation: _____ Phone: _____

Name: _____ Occupation: _____ Phone: _____

All City employees are required by law to take drug test randomly and if any employee fails this test, is an automatic termination of employment with the City. Do you object to this law? _____

I HEREBY CERTIFY THAT I HAVE COMPLETED THIS APPLICATION FORM MYSELF AND THAT ALL STATEMENTS AND ANSWERS SET FORTH ON THIS APPLICATION ARE COMPLETE AND TRUE. I UNDERSTAND THAT IF SUSEQUENT TO EMPLOYMENT ANY SUCH STATEMENTS AND/OR ANSWERS ARE FOUND TO BE FALSE OR THAT INFORMATION HAS BEEN OMITTED, SUCH FALSE STATEMENTS OR OMISSIONS WILL BE CAUSE FOR TERMINATION OF MY EMPLOYMENT. I AGREE TO ABIDE BY THE RULES AND POLICIES OF THE ESKRIDGE CITY COUNCIL, AS AMENDED FROM TIME TO TIME AT THE CITY COUNCIL'S SOLE DESCRETION, AND FURTHER AGREE THAT MY FAILURE TO DO SO IS CAUSE FOR DISMISSAL.

Signature of Applicant

Date: _____