

# City of Wamego

## Recreation Department

### APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer*

The City of Wamego does not discriminate. Our policy is to provide equal opportunities to all qualified applicants and employees without regard to age, race, color, religion, sex, national origin or disability, or other factors which are not job-related, as well as to disabled veterans and veterans of the Vietnam Era. Those applicants requiring accommodation to the application and/or the interview process should notify a representative of the City of Wamego for assistance. We advise that we intend to verify and hold you, the applicant, responsible for the accuracy of statements you make on this application.

**PLEASE PRINT IN INK AND COMPLETE THE FOLLOWING IN FULL**

#### PERSONAL

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

Specific Title of Position(s) Applied for: \_\_\_\_\_

Type of work desired:  Full Time  Part Time  On Call/As Needed Department: \_\_\_\_\_

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

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

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

Number of Years at Present Address: \_\_\_\_\_ Number of Years at Permanent Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_ Date available to begin work: \_\_\_\_\_

Are you over 18 years of age?  Yes  No Are you over 14 years of age?  Yes  No

Salary Desired: \$ \_\_\_\_\_ per year \$ \_\_\_\_\_ per hour

Willing to work Overtime?  Yes  No

Can you submit appropriate identification and proof of legal employment authorization for the United States?  Yes  No  
 (Proof of U.S. Citizenship or immigration status will be required upon employment)

Have you ever worked for the City of Wamego List dates/Location(s): \_\_\_\_\_

Do you have any relatives employed by The City?  Yes  No

If yes: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Job title \_\_\_\_\_ Work Location \_\_\_\_\_

Have you ever pled "guilty" to, "no contest" to or been convicted of any criminal offense, whether a felony or a misdemeanor, other than a minor traffic violation?  Yes  No

If Yes, please provide specific information about the offense and the circumstance of the conviction, dates, details, etc.  
 (Answering "Yes" to this question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into consideration. However, be aware that answering "No" to the Question if you have been convicted of a criminal offense may be regarded as a dishonest act, which could result in the termination of your employment.)

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## GENERAL

Are you able to perform the duties of the position(s) applied for with or without reasonable accommodation?  Yes  No

Do you have any existing non-compete or non-disclosure agreements in effect?  Yes  No

If yes, state the parties involved in the agreements. \_\_\_\_\_

How did you learn about this job? \_\_\_\_\_

Classified As: Name of publication \_\_\_\_\_

Internet: City website or other \_\_\_\_\_

Employment Agency \_\_\_\_\_

Walk-In

Employee Referral \_\_\_\_\_

Referred by \_\_\_\_\_

Other \_\_\_\_\_

## REFERENCES

List three business/work references that are not related to you and not shown as a supervisor under the employment history section. If not applicable, list three school or personal references, not related to you. **Please list Name, Title, Address, Telephone Number, and Years Known.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATIONAL HISTORY

High School: \_\_\_\_\_

*Name and Location*

*# of years completed*

*Graduated?*

College / University / Trade School / Etc.

School Name and Location	Major/Minor	From / To	Graduated?	GPA
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## OTHER SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, publications, and/or certifications acquired from employment or other experiences that may qualify you as being able to perform job-related functions in the position for which you are applying. State professional licenses and certification dates, expiration and granting/authority body.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all languages in which you are fluent: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Please provide employment information for your current and past employers, starting with the most recent. Explain any gaps of employment in the comment section below (Use additional sheet if necessary).

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

Immediate Supervisor/Manager and Title(s): \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job Summary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for reference?  Yes  No  Later

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job Summary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for reference?  Yes  No  Later

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job Summary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for reference?  Yes  No  Later

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job Summary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for reference?  Yes  No  Later

Comments: \_\_\_\_\_

## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure employment is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete, omitted, or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from employment whenever it is discovered.

I hereby authorize, without reservation, the City of Wamego, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview.

I hereby waive any and all rights and claims I may have regarding the City of Wamego, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and various corporations or organizations for furnishing such information about me.

Furthermore, I understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration. I am free to resign at any time, and the City of Wamego, reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the City of Wamego has the authority to make any assurances to the contrary. I affirm that I have a genuine intent and no other purpose in applying for a job with this company.

The City of Wamego is an Equal Opportunity Employer. I understand that the City of Wamego does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment.

This application is current for (12 months) one year. At the conclusion of this time, if I have not heard from the City of Wamego and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I also understand that if I am hire, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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

**Date** \_\_\_\_\_

**City of Wamego**  
**Waiver of Liability and Release Form for Background Check on Job Applicants**

In consideration for the City of Wamego, hereinafter referred to as the Agency, processing of my application for employment, I, \_\_\_\_\_ hereby irrevocably agree to the following terms and conditions:

(Name of Applicant)

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all persons or entities who shall furnish any information or opinions to the officers, agents or employees of the Agency who conduct my background investigations.
4. I authorize any person or entity contacted by the Agency's officers, agents or employees during the course of my background investigation, to furnish to such officers, agents or employees any information or opinions they may have, and hereby expressly waive any and all legal privileges I may have including, but not limited to the attorney-client privilege, the physician-patient privilege, the husband-wife privilege, and the accountant-client privilege.
5. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background investigations.
6. I expressly waive all of my legal rights and causes of action to the extent that the Agency background investigation may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing that such information must of necessity remain confidential.

This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to any right or action of any nature whatsoever that might accrue to myself, my heirs or my personal representative.

**READ CAREFULLY BEFORE SIGNING**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant or Legal Guardian (if applicable)

\_\_\_\_\_  
Driver's License No.

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

**NEW EMPLOYEES OF THE CITY OF WAMEGO ARE SUBJECT TO PRE-EMPLOYMENT DRUG TESTING.**