

Application for Employment

Important Note: Answer all questions as completely and accurately as possible. Only **COMPLETE** and **LEGIBLE** applications will be considered! The City of Leavenworth is an Equal Opportunity Employer.

Position Applied For _____ Date of Application _____

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone (____) _____ Cell phone (____) _____ Email: _____

Social Security Number _____ - _____ - _____ Are you a US Citizen? _____ Have you ever worked for us? _____ If yes, When? _____

Have you been convicted of a felony in the last seven (7) years? (Such conviction may be relevant, if job related, but does not necessarily bar you from employment.)? _____ If yes, explain. _____

Do you have a valid driver's license? _____ If yes, _____
State Number Expiration Date

Are you at least 21 years of age? _____ If no, date of birth _____

How did you hear about this position (i.e., Website, Workforce Partnership Center, Newspaper, Friend, or Other)? Please explain:

Are you related to any current city employee? _____ If yes, please list _____

List any special skills, qualifications, or experiences which make you especially fit for work with the City. _____

Veterans Preference

Do you claim veteran's preference? _____ If yes, check one of the following: _____ 5 points _____ 10 points Disabled Veteran Dates of Service _____ to _____ **NOTE:** You must attach documentation of service including dates, in order to receive preference.

Record of Education

	Name of School/Address	Course of Study	Years Completed				Did You Graduate?	Diploma, Degree or GED
			1	2	3	4		
High School								
College								
Other (Specify)								

Personal References (Not former employers or relatives)

Name and Occupation	Address (include City and State)	Telephone Number

Employment History: List ALL past work experiences starting with your current or most recent position. Explain any lapses in employment. Include military and volunteer work. Attach additional sheets if necessary.

Total Years Employed _____ Yrs. Mos. From _____ To _____ Avg Hours per Week _____	Employer _____ Address _____ Title _____ Starting Salary _____ Ending Salary _____ Specific Duties and responsibilities _____ Reason for Leaving _____
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Certificate of Applicant: It is understood and agreed that any misrepresentation on this application form and/or associated resume will be sufficient cause for cancellation of this application and/or termination of employment if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the City reserves the right to terminate my employment at any time, with or without cause and without notice. I understand that no representative of the City has the authority to make assurances to the contrary. I give the City the right to investigate all references and to secure additional information about me to be used to determine my suitability for employment. I hereby release from liability the City and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Signature of Applicant _____ Date _____