City of Towanda, Kansas Application for Employment City Pool

The City of Towanda (hereafter "the City") will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond that time period should inquire as to whether or not applications are being accepted at that time.

Date	Position(s) applyin	g for: 1)_		:	2)	
Referral source: Ad	vertisement \square Friend \square I	Relative	□ Walk-in □ Jo	b Agency	Other	
LAST	FIRST	a.	MIDDLE		(NICKNAME)	
Phone	Email					
Have you previously file	xy?	□ No	☐ Yes, Give date			
Have you previously been employed by the City?			\square No	☐ Yes, Give date		
Are you related to anyone currently employed by the Ci			\square No	□ Yes, 0	Give name	
Are you currently employed?			□ No	☐ Yes		
On what date would you	be able to start work?		Des	sired pay ra	ange	
EDUCATION Name and Location			Did you graduate?		Field of Study/Degree	
High School						
College or University						
Specialized Training, Trade School, etc.						
Other Education						
•	highest proficiency, special s being applied for			•	•	
EMPLOYMENT HIS	STORY					
• •	or most recent job. Include m hich indicate race, color, reli	•	•		•	
			s Employed: From	<u> </u>	To	
			ly Rate/Salary: St	End		
Address			ribe work perform	ed		
		-				
Reason for leaving		_				

2)	Employer			To			
			urly Rate/Salary: Start				
	Address		•				
	Job Title						
	Reason for leaving						
	Employer	Date	s Employed: From		To		
	Phone No Hourly Rate/Sa		ly Rate/Salary: Start		End		
	Address	Desc	ribe work performed				
	Job Title		-				
	Reason for leaving						
RE	FERENCES						
Do	not list more than one family reference.						
1)	Name		Phone				
	Address	City_		State	Zip		
	Relationship		Length of relations	ship			
2)	Name		Phone				
	Address	City_		State	Zip		
	Relationship		Length of relations	ship			
3)	Name		Phone				
	Address	City_		State	Zip		
	Relationship		Length of relations	ship			
AP	PLICANT STATEMENT						
	rtify that the answers given herein are true and complete				•		
	tained in this application for employment as may be necessary	-					
	nowledge, unless otherwise defined by applicable law, t ch means an employee may resign at any time with or v			-			
	n our without cause and with our without notice. It is fu						
	nged by any written document or by conduct unless suc				= -		
orga	anization. I also understand that if I am employed by th	e City, fa	lse or misleading inform	nation provid	ed on my application or		
	covered during the course of an interview, may result in	discharge	e. I further understand t	that if employ	ed, I am required to abide by		
all r	rules and regulations of the City.						
Applicant Signature				Date			