City of Galva

P. O. BOX 223
PHONE (316) 654-3561
GALVA, KANSAS 67443-223

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME: _____ *SOCIAL SECURITY NUMBER* _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ *ARE YOU 18 YEARS OR OLDER: YES NO*

ARE YOU EITHER A U.S. CITIZEN OR A ALIEN AUTHORIZED TO WORK IN THE U. S.? YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

GENERAL INFORMATION

PLEASE LIST ALL TRAINING OR EXPERIENCE BELOW THAT PERTAINS TO THIS POSITION.

FORMER EMPLOYERS (LISTED BELOW LAST THREE EMPLOYERS.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, KNOW AT LEAST 3 YRS.

	NAME	ADDRESS	BUSINESS	YEARS
1.				
2.				
3.				

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW OR FORFEITED COLLATERAL, OR ARE YOU NOW UNDER CHARGES FOR ANY OFFENSE AGAINST THE LAW? YOU MAY OMIT: (1) TRAFFIC VIOLATIONS FOR WHICH YOU PAID A FINE OF $30.00 OR LESS; (2) ANY OFFENSE COMMITTED BEFORE YOUR 21ST BIRTHDAY WHICH WAS FINALLY ADJUDICATED IN A JUVENILE COURT OR UNDER A YOUTH OFFENDER LAW. . . . . YES____NO____

WHILE IN THE MILITARY SERVICE WERE YOU EVER CONVICTED BY A GENERAL COURT-MARTIAL? . . . . . YES____NO____

IF YOUR ANSWER IS "YES" GIVE DETAILS BELOW. SHOW FOR EACH OFFENSE: (1) DATE, (2) CHARGE (3) PLACE, (4) COURT, AND (5) ACTION TAKEN. **NOTE:** *A CONVICTION DOES NOT AUTOMATICALLY MEAN YOU CANNOT BE CONSIDERED. WHAT YOU WERE CONVICTED OF, AND HOW LONG AGO, ARE VERY IMPORTANT. GIVE ALL OF THE FACTS SO THAT A DECISION CAN BE MADE.*

GENERAL HEALTH CONDITION:

HAVE YOU EVER BEEN INJURED OR OPERATED ON?

DESCRIBE ANY PHYSICAL DEFECT:

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FORM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITH PRIOR NOTICE AND WITHOUT CAUSE.

DATE **SIGNATURE**