

# APPLICATION FOR EMPLOYMENT

BONNER SPRINGS CITY LIBRARY  
201 N. NETTLETON  
BONNER SPRINGS, KS 66012

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For

Date of Application

How Did You Learn About Us?

- ☐ Advertisement ☐ Relative ☐ Inquiry  
☐ Employment Agency ☐ Friend ☐ Other \_\_\_\_\_

Last Name

First Name

Middle Name

Address Number Street City State Zip Code

Telephone Number(s)

Social Security Number (Voluntary)

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM  
PM

If you are under 18 years of age, can you provide required  
proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? ☐ Yes ☐ No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this  
country because of Visa or Immigration Status  
Proof of citizenship or immigration status will be required upon employment. ☐ Yes ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)  
☐ Part-Time (please indicate Mornings Afternoon Evenings)  
☐ Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last five years? ☐ Yes ☐ No  
A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:




# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	<hr/>	<hr/>
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	<hr/>	<hr/>
WPM <hr/>	WPM <hr/>	<hr/>	<hr/>
		<hr/>	<hr/>

State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ☐ YES ☐ NO

## REFERENCES

1.	( )	
	(Name)	Phone #
	(Address)	
2.	( )	
	(Name)	Phone #
	(Address)	
3.	( )	
	(Name)	Phone #
	(Address)	

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER      DATE

Employed ☐ Yes ☐ No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE      DATE

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**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CITY OF *Bonner Springs***  
KANSAS

**Authorization for Release of Information**

This authorization (either the original or a photocopy) allows the City of Bonner Springs and/or its designated representatives to fully investigate, in the manner deemed most appropriate, the information contained in my application for employment.

This document also authorizes all individuals, partnerships, corporations or other entities to release to the City of Bonner Springs and/or its designated representatives, and all information, records or documents deemed by the City or its representatives to be necessary to complete its investigation. Such information or documents may concern, but are not limited to: my current or past salaries, finances, credit ratings or reports, accounts, background, general reputation, worker's compensation history, military service, criminal conviction records, civil litigation records, bankruptcy records, driving record, and former employment history including the reasons for separation from employment.

This authorization shall release the custodian of any records sought to be released pursuant to this document from any liability for damages of whatever kind, which may at any time be incurred by me, my family, heirs, associates or assigns because of compliance with this authorization.

Should there be any question as to the validity or intent of this authorization, you may contact Human Resources.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (typed or printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position Applied For

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Current Address: Street, City, State, Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Alias Name