



Employment Application
City of St. Francis
 209 E Washington
 P.O. Box 517
 St. Francis KS 67756 • Phone: (785) 332-3142 • Fax: (785) 332-2778
 E-mail: clerk@cityofstfrancis.net

This form has been designed to assist you in applying with the city; all information given will be treated in a confidential manner. Please complete all information requested.

Name _____
Last First M.I.
 Social Security No _____ Date _____
 Position(s) Desired (Title & Department) _____
 Salary Desired _____ Full-Time Part-Time Temp

Present Address (Street/City/State/Zip) _____

Telephone _____ Have you ever been employed by the City of St. Francis? ____ If yes, please list dates of employment, position(s) held, and department(s) _____

Have you ever been interviewed for a job with St. Francis City? If yes, please give the date and position for which you interviewed _____

State your name at that time if different from present _____ List any relatives employed by the City of St. Francis _____

As an adult, have you ever been convicted of an offense other than a minor traffic violation? Yes No
 (Convictions are evaluated by position and are not necessarily disqualifying). If yes, please explain below:

How did you learn about this position? City Employee Newspaper Other (specify) _____ Are you 16 or older? Yes No

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 If you did not complete high school, do you have a GED? _____

School Level	School Attended	Address	Years	Major	Degree/ #Credits
High School					
College/University					
Graduate School					
Trade School					

SKILLS INVENTORY			
<input type="checkbox"/> Typing 01	<input type="checkbox"/> Programming 12	<input type="checkbox"/> Dispatching 26	<input type="checkbox"/> Truck Driver<1.5t 27
<input type="checkbox"/> WPM _____	<input type="checkbox"/> Languages: _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Truck Driver>1.5t 28
<input type="checkbox"/> Personal Computer 05	_____	_____	<input type="checkbox"/> Backhoe-Loader 29
<input type="checkbox"/> Software: _____	_____	_____	<input type="checkbox"/> Grader 30
	<input type="checkbox"/> Drafting 14		<input type="checkbox"/> Farm Tractor 31
<input type="checkbox"/> Dictaphone 04	<input type="checkbox"/> Autocad 15		<input type="checkbox"/> Trencher 32
<input type="checkbox"/> Calculator 06	<input type="checkbox"/> Surveying 16		<input type="checkbox"/> Bull Dozer 33
<input type="checkbox"/> Switchboard 07	<input type="checkbox"/> Const. 17		<input type="checkbox"/> HVAC 34
<input type="checkbox"/> Filing 08	<input type="checkbox"/> Inspection 17		<input type="checkbox"/> Welding 35
<input type="checkbox"/> Cashiering 09	<input type="checkbox"/> Read Blue 18		<input type="checkbox"/> Plumbing 36
<input type="checkbox"/> General Accountg. 10	Prints 18		<input type="checkbox"/> Electrical 37
<input type="checkbox"/> Data Entry 11			<input type="checkbox"/> Carpentry 38
<input type="checkbox"/> Microfilm 12			<input type="checkbox"/> Vehicle Maint. 39
			<input type="checkbox"/> Concrete Work 40
			<input type="checkbox"/> Asphalt Work 41

Drivers License Type _____ State _____ CDL
 Other Skills and/or Licenses _____
 Volunteer Work/Internships (Job Related) _____

(For office use only)

Date Received: _____

Page 1 of 2

Employment History:

Listing the most recent first, complete your employment record for at least the past ten (10) years.

Last Name	First Name	SSN
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Employer _____ Address _____

From _____ to _____ Job Title _____ Salary _____ Reason for leaving _____

Supervisor Name _____ Telephone _____ May we call for references? _____

Briefly, explain duties _____

Employer _____ Address _____

From _____ to _____ Job Title _____ Salary _____ Reason for leaving _____

Supervisor Name _____ Telephone _____ May we call for references? _____

Briefly, explain duties _____

Employer _____ Address _____

From _____ to _____ Job Title _____ Salary _____ Reason for leaving _____

Supervisor Name _____ Telephone _____ May we call for references? _____

Briefly, explain duties _____

Employer _____ Address _____

From _____ to _____ Job Title _____ Salary _____ Reason for leaving _____

Supervisor Name _____ Telephone _____ May we call for references? _____

Briefly, explain duties _____

City of St. Francis does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or in the provision of programs and services.

“If employed, I understand that I must conform to the policies of the City of St. Francis and to any departmental rules and regulations, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the City of St. Francis or myself. I understand that no manager or representative of St. Francis, other than the Governing Body of St. Francis has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I hereby certify that the information given on all pages of this application is true and correct. I understand that any answers contrary to the truth may be grounds for dismissal or refusal to hire and that nothing has been withheld that would affect my employment. I authorize my former employers, educational institutions and other persons or entities identified in this application to provide any and all information or documents about me to St. Francis, Kansas. I hereby relieve all individuals connected with such release from liability for providing this information. If employed, I understand that I must furnish information required pertaining to birthdate, sex, race, citizenship, marital status and number of dependents and would agree to conform to the rules and regulations of the City.”

Applicant Signature: _____

Date: _____