

CITY OF SALINA  
Human Resources Department  
300 W. Ash, Room 200  
Post Office Box 736  
Salina, Kansas 67402-0736  
Phone 785-309-57 10  
FAX 785-309-5711  
TDD 785-309-5747

# Application For Employment

[www.salina-ks.gov](http://www.salina-ks.gov)

Office Use Only  
No. \_\_\_\_\_



**We consider applicants for all jobs without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status. Applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department. Applicants for certain specified positions must meet minimum response time requirements. Additional information is available from the Human Resources Department. The City of Salina conducts pre-employment drug testing.**

Job Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ SSN: \_\_\_\_\_

List any other names by which you are known or have been employed.

Mailing Address \_\_\_\_\_  
Number Street City State Zip Code

Telephone Numbers \_\_\_\_\_  
(Home) (Work) Email Address

**You must fully complete this application.  
In addition, you may include a resume or other related personal qualification information relevant to the job.**

**Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?**  Yes  No  
The essential functions of each job are contained in the position description which is available online or at the Human Resources Department.

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

**Have you ever been employed with us before?**  Yes  No  
If yes, give date: \_\_\_\_\_ What Department? \_\_\_\_\_

**Are you age 18 or over?**  Yes  No

**May we contact your present employer?**  Yes  No

**Are you legally eligible to work in the United States?**  Yes  No  
Proof of citizenship or immigration status will be required upon hire.

**On what date would you be available for work?** \_\_\_\_\_

**If the job requires a valid driver's license, please complete the information directly below:**

Number: \_\_\_\_\_ State: \_\_\_\_\_  Regular  CDL

**List any relatives presently employed by the City of Salina, and state how you are related:** \_\_\_\_\_

**Are you willing to work overtime if required?**  Yes  No

**Are you willing to work different shifts if required?**  Yes  No

**Have you rendered active duty service for the U.S. Military?**  Yes  No  
In accordance with Veterans Preference, a copy of your separation document(s) may be requested upon interview offer.

**Have you been convicted of a felony in civilian or military courts within the last 7 years?**  Yes  No  
(A conviction will not necessarily be a bar to employment. Factors such as date, nature and number of offenses, age at time of offense and rehabilitation will be considered.)

**If yes, please explain:** \_\_\_\_\_

# Employment Experience

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Start with your present or last job including any military service assignments and complete the below information fully. Give dates and reasons, excluding disabilities, for time not accounted for in your employment history as listed. If you need additional space, please continue on a separate sheet of paper.

**1**

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Employer \_\_\_\_\_ Start Date \_\_\_\_\_

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Address \_\_\_\_\_ End Date \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Starting Salary \_\_\_\_\_

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Telephone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Ending Salary \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

Job Title \_\_\_\_\_

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**Briefly** Describe Major Duties/Responsibilities \_\_\_\_\_

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**2**

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Employer \_\_\_\_\_ Start Date \_\_\_\_\_

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Address \_\_\_\_\_ End Date \_\_\_\_\_

---

City \_\_\_\_\_ State \_\_\_\_\_ Starting Salary \_\_\_\_\_

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Telephone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Ending Salary \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

Job Title \_\_\_\_\_

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**Briefly** Describe Major Duties/Responsibilities \_\_\_\_\_

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**3**

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Employer \_\_\_\_\_ Start Date \_\_\_\_\_

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Address \_\_\_\_\_ End Date \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Starting Salary \_\_\_\_\_

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Telephone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Ending Salary \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

Job Title \_\_\_\_\_

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**Briefly** Describe Major Duties/Responsibilities \_\_\_\_\_

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## Special Skills and Qualifications:

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

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List any language(s) other than English in which you are fluent.

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# Education

	High School or GED				Undergraduate College/University				Graduate/Professional			
School Name & Location	_____				_____				_____			
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree	_____				_____				_____			
Describe Course of Study	_____				_____				_____			
Describe any specialized training, apprenticeship skills, and extra curricular activities	_____				_____				_____			
Describe any honors you have received	_____				_____				_____			

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

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability, political affiliation, or other protected status.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

List three references who are neither related to you nor a former employer.

Name	Address (City, State, Zip)	Daytime Telephone Number	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Applicant's Statement

*I certify that answers given in this application are true and complete to the best of my knowledge. I authorize complete background investigation, including but not limited to all statements contained in this application for employment as may be necessary in arriving at an employment decision. If I am employed by the City based on this application, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

**By submitting this application online, I agree and consent to the Applicant Statement above.**

Signature required at time of interview \_\_\_\_\_ Date signed \_\_\_\_\_

The City of Salina is a Drug Free / Equal Opportunity Employer  
**HUMAN RESOURCES DEPARTMENT**

City of Salina, 300 W. Ash, Room 200, P.O. Box 736, Salina, Kansas 67402-0736, www.salina-ks.gov

# Equal Employment Opportunity Form

The City of Salina has an equal opportunity/affirmative action policy. Knowledge of your race, sex and age is necessary for monitoring the effectiveness of the program. Although you are not required to provide the information requested in this form, your cooperation is appreciated. This form is confidential and will be separated from your application immediately upon receipt.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_

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

**INSTRUCTIONS:** Place your numbered answer to each question in the space provided.

\_\_\_\_\_ **A. What sex are you?**                      1. Male                      2. Female

\_\_\_\_\_ **B. Which Racial/Ethnic Group do you consider yourself a member?**

1. AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America who are enrolled members of Indian Tribes or are descendants of enrolled members (a parent or grandparent) or who are recognized as Indians by the Secretary of Interior.
2. ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian subcontinent. This area includes for example, China, Japan, Korea, the Philippines, Cambodia, Thailand and Vietnam.
3. BLACK OR AFRICAN AMERICAN: All persons having origins in any of the Black racial groups of Africa.
4. HISPANIC OR LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South American origin.
5. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDERS: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
6. WHITE: All persons having origins in any of the peoples of Europe, including Spain, North Africa or the Middle East.
7. TWO (2) OR MORE RACES, (Not Hispanic or Latino): All persons having two or more origins categorized as American Indian, Asian, Black, Native Hawaiian or White.

\_\_\_\_\_ **C. How did you learn about this job?**

- |  |                                      |
|--|--------------------------------------|
| 1. Job Notice (Posted in Human Resources Dept.)        | 7. Job Service                       |
| 2. From a Present City Employee _____<br>Employee Name | 8. Human Relations Department Notice |
| 3. As a Current City Employee                          | 9. Radio                             |
| 4. <i>Salina Journal</i> _____                         | 10. School/University                |
| 5. Other Newspaper                                     | 11. Professional Publication         |
| 6. Salina Cable Ch. 20                                 | 12. City Website                     |
|  | 13. Other Internet Site _____        |

**End of Application**