

EMPLOYMENT APPLICATION

City of Lincoln Center
153 West Lincoln Ave.
P.O. Box 126
Lincoln, Kansas 67455

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

(PLEASE PRINT)

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Best time to contact you at home is:	_____ : _____	AM or PM	If you are under 18 years of age, can you provide required proof of your eligibility to work? YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Available	Social Security No. (Voluntary)	Desired Salary	
Position Applied for			
How Did You Learn About Us?	Advertisement <input type="checkbox"/>	Relative <input type="checkbox"/>	Inquiry <input type="checkbox"/> Friend <input type="checkbox"/> Other _____
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever filed an application with us before?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever worked for us before?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you been convicted of a felony within the last five years? <small>CRIMINAL BACKGROUND DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT AND WILL BE CONSIDERED ONLY AS IT RELATED TO THE JOB</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Do any of your friends or relatives, other than spouse work here?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, who?	
Are you currently employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	May we contact your present employer?	YES <input type="checkbox"/> NO <input type="checkbox"/> Name and number of your current employer.
Are you available to work:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/> Please indicate dates available. _____ - _____
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you currently on "lay-off" status and subject to recall?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a valid Driver's License	YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION

High School	Name & Address
Number of Years Completed	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College	Name & Address
Number of Years Completed	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other	Name & Address
Number of Years Completed	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

DESCRIBE ANY SPECIAL TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

REFERENCES

Please list three professional references.

Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					

PREVIOUS EMPLOYMENT

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.

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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:

OTHER QUALIFICATIONS

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

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

Production/Mobile Machinery (List)

1. _____
2. _____
3. _____
4. _____
5. _____

Other (List)

1. _____
2. _____
3. _____
4. _____
5. _____

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION

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

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APPLICANTS STATEMENT

I certify that answers given herein are true and complete. I authorize investigation, by means of a background screen, 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 the Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information 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.

Printed Name of Applicant

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview YES NO Interviewer _____ Date of Interview ____/____/____

Remarks:

Position(s) Applied For Is Open YES NO Position(s) Considered For: _____
Date ____/____/____

Employed YES NO Date of Employment ____/____/____ Job Title _____

Hourly Rate/Salary Circle one \$ _____ Department _____ By: _____
Name and Title Date ____/____/____

City of Lincoln Center CI4068

PO Box 126

Lincoln, KS 67455

**APPLICANT AFFIRMATION OF
DRUG & ALCOHOL TESTING CONSENT AGREEMENT**

STATEMENT OF POLICY

City of Lincoln Center CI4068 is committed to providing a safe, drug and alcohol-free workplace for all employees and the general public.

City of Lincoln Center CI4068 is concerned with the safety and well-being of its employees. City of Lincoln Center CI4068 Drug & Alcohol Testing Program offers a helping hand to those who need it, while sending a clear message that drug or alcohol use **WILL NOT BE TOLERATED!**

It is the policy of City of Lincoln Center CI4068 that all applicants, for safety-sensitive positions, who receive a conditional offer of employment, submit to a drug test to document that they are drug free. Refusal to comply with this requirement will be considered the equivalent of receiving a confirmed "positive" result for employment and disqualification purposes. Any applicant who receives a confirmed "positive" drug screen result will have the offer of employment withdrawn and will be subject to disqualification from employment but will be referred to a Substance Abuse Professional (SAP). If an applicant receives a verified positive drug test result and requests a retest of the split sample, applicant agrees to reimburse City of Lincoln Center CI4068 for the cost of the retest \$150.00.

AFFIRMATION OF POLICY

As an applicant for a position, I affirm that I have read and understand the City of Lincoln Center's Drug & Alcohol Testing Policy Statement of Policy noted above, and I am aware that any offer of employment is conditional upon my taking a drug test and the results thereof. If hired into a position for City of Lincoln Center CI4068, I agree to abide by all provisions of the anti-drug policy as a condition of my continued employment with the Company.

Applicant Name (Please Print)

Applicant Signature

Date

City of Lincoln Center CI4068 Representative

Date

Acknowledgment and Authorization For Background Check

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and the DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Verified First, Phone: 844-709-2708 / 844-709-2708, Fax: 208-848-3204, 1120 S Rackham Way, Suite 300, Meridian, ID 83642, <https://www.verifiedfirst.com> and/or Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I understand that by checking the "I AGREE" box, typing my name and the last four digits of my Social Security Number or User ID, and clicking on the "SIGN ACKNOWLEDGMENT" button below, constitutes my electronic signature, dated as of when I click on the "SIGN ACKNOWLEDGMENT" button, and that by doing so:

- I am authorizing Verified First to conduct the background check(s) described above
- I am consenting to use electronic means to sign this form and have read and understand the above disclosure
- I acknowledge I may request a hard copy of this Disclosure and Authorization form after agreeing to the background check electronically by calling Verified First at Phone: 844-709-2708 / 844-709-2708, Fax: 208-848-3204

I agree.

Signature

Print Name

Date