

City of Belle Plaine, Kansas
Application for Employment

It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The City of Belle Plaine complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, veteran status, disability, age, or any other protected characteristic.

Name (First):	Middle:	Last:
Phone (home)		Phone (cell)
Address:		
City/State/Zip		
Email Address:		
Position Applied For:		
Shift Preference: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Any <input type="checkbox"/>		Expected Pay:
Would you accept full-time work? Yes <input type="checkbox"/> No <input type="checkbox"/>		Would you accept part-time work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been employed by the City of Belle Plaine before?		Dates:
What date would you be available for work?		
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>If yes, proof is required.</i>

Education

High School:	Location:
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
College: Course of Study:	Location:
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
Graduate School: Course of Study:	Location:
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
Vocational Training/Other: Course of Study:	Location:
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
Continuing Education:	

Special Skills or training:

(Licenses, languages, computer software, machine operation, etc. that would be of benefit for the job)

Employment Experience (Begin with Most Recent)

Employer:		
Address:		
Phone:	Job Title:	Supervisor:
Dates Employed From (mm/yy):		To: (mm/yy)
Hourly rate/salary	Starting	Final
Work Performed		
Reason for Leaving		
You may contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer:		
Address:		
Phone:	Job Title:	Supervisor:
Dates Employed From (mm/yy):		To: (mm/yy)
Hourly rate/salary	Starting	Final
Work Performed		
Reason for Leaving		
You may contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>		

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Hourly rate/salary	Starting	Final
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Dates Employed From (mm/yy):		To: (mm/yy)
Hourly rate/salary	Starting	Final
Work Performed		
Reason for Leaving		
You may contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>		

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the City's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the City. I understand that no city representative, other than the mayor and council, and then only when in writing and signed by mayor, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

Applicant's Signature:

Date:

Completed applications must be signed and mailed to:

City of Belle Plaine
P.O. Box 157
Belle Plaine, KS 67013

(620)488-3433

Website: www.bpk.org

For Office Use Only:

Applicant#	Employee#	Hire Date:
Position:	Rate:	Class:
Skill:	Other:	Notes: